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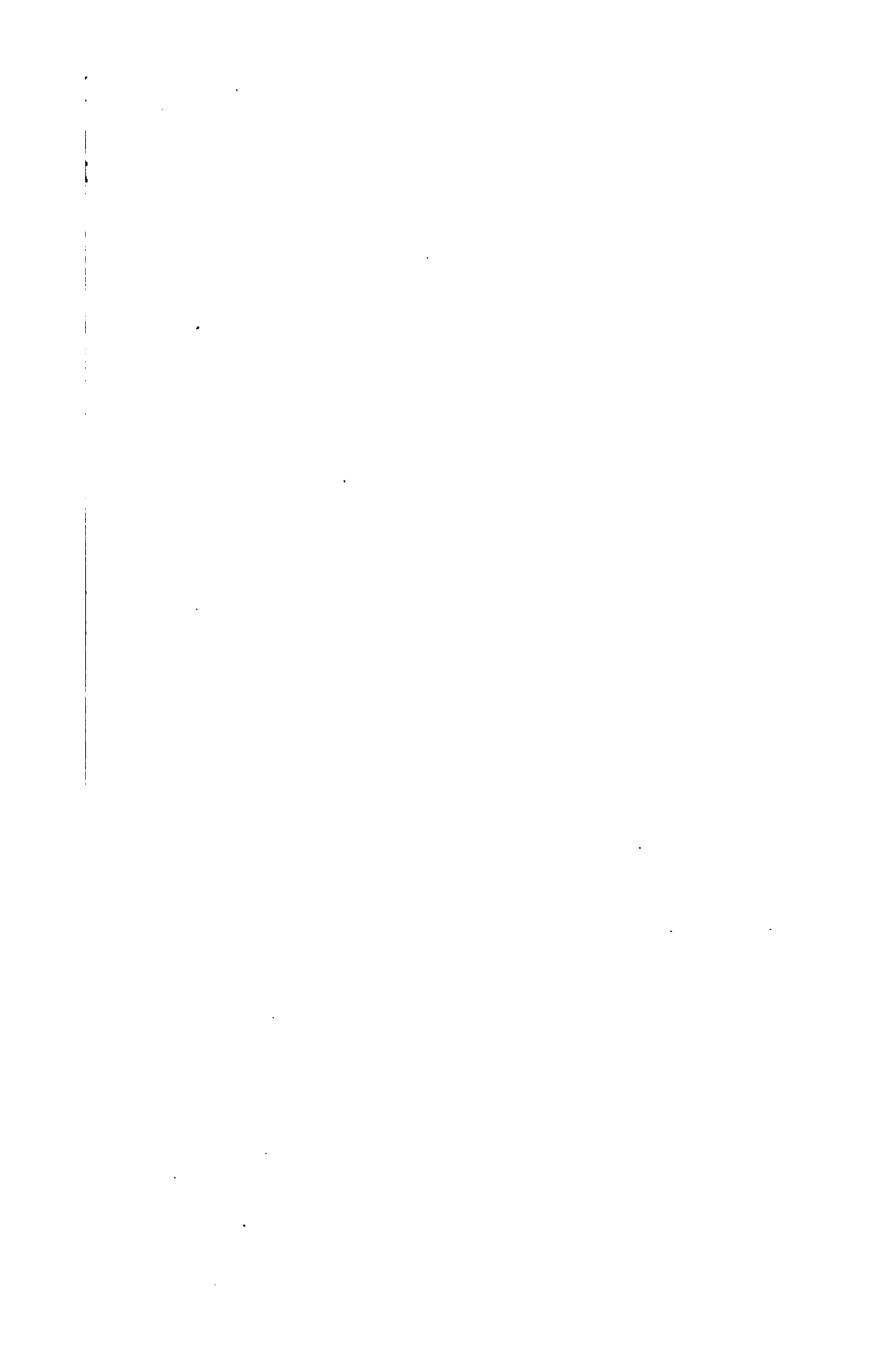
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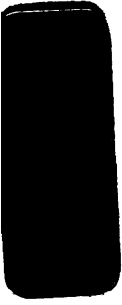
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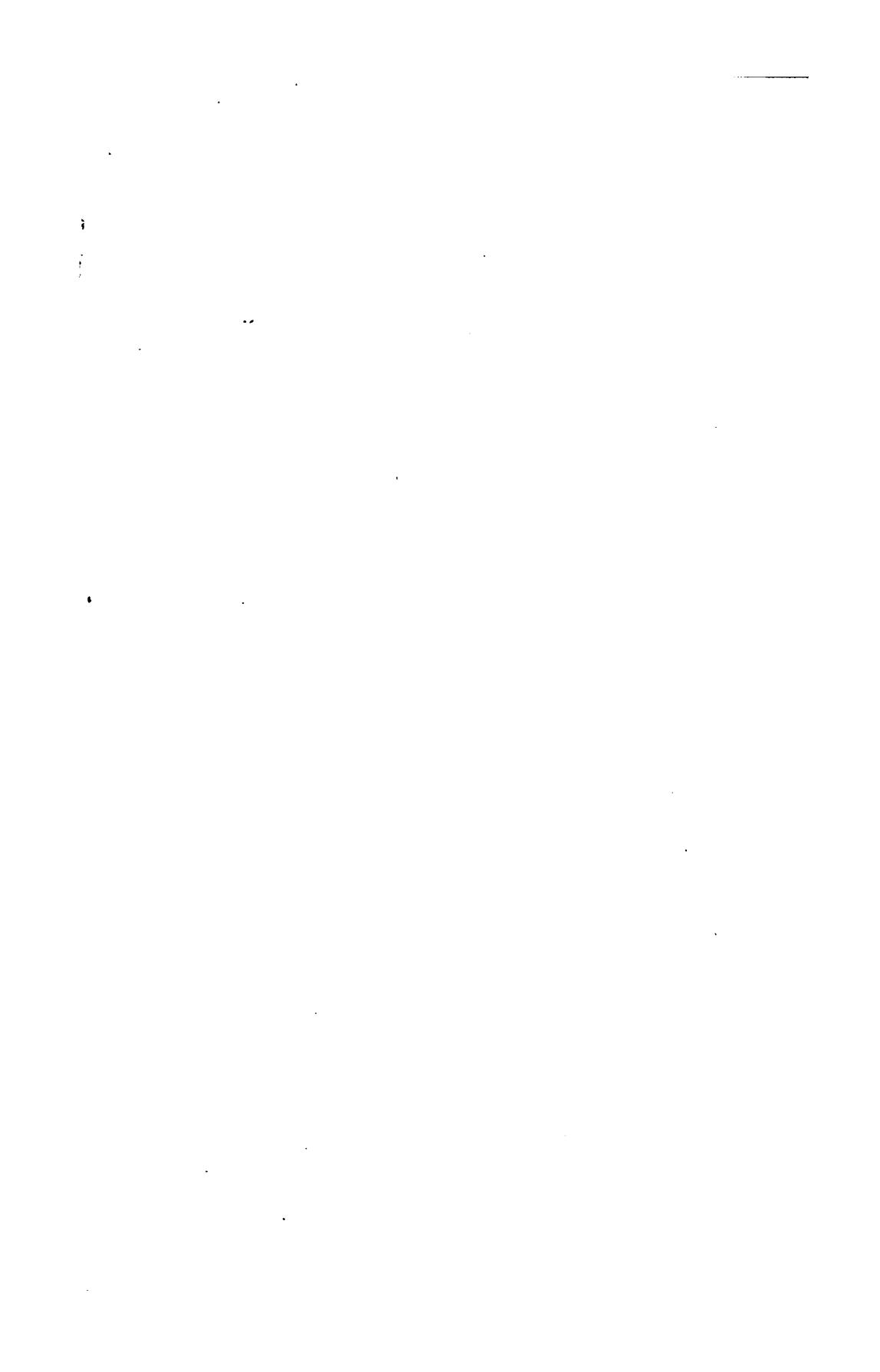


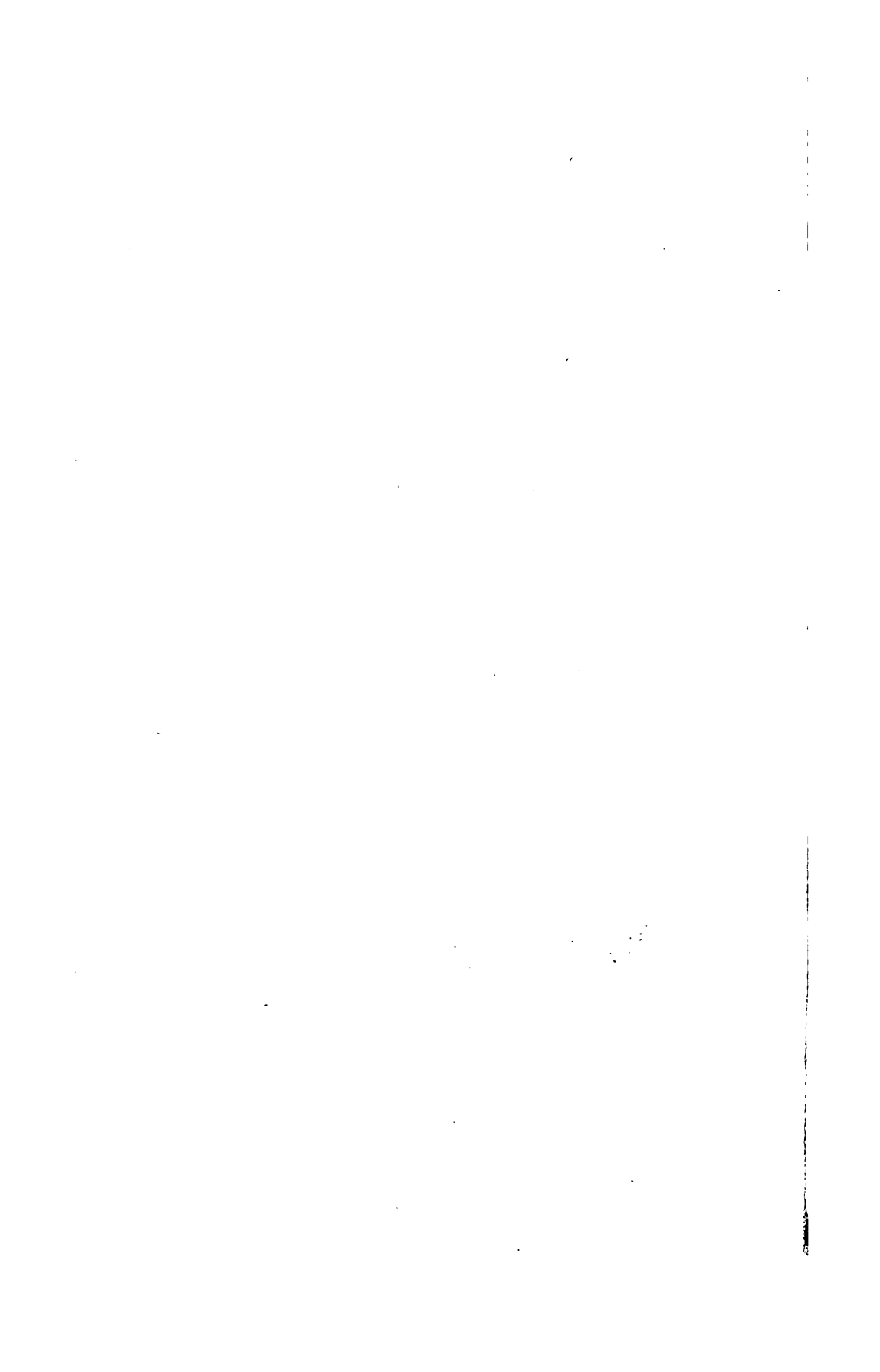




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LONDON

MEDICAL EXAMINER,

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PRACTICAL MEDICINE.

No. 1.—MARCH 1850.

ADDRESS.

THE Editor of a new periodical is naturally expected to commence his labors with a long address, and our theme we admit is a fertile one, but we doubt whether it would be profitable to the reader. We could show that more corporate abuse and want of principle exist among the rulers of our profession at the present time, than at any former period, and that *secrecy* and *seniority* have been our greatest banes. We could exhibit men high in office, puffed up with pride and academical conceit, who are ignorant of the very rudiments of their profession. We could point out the melancholy spectacle of the old man, tottering on the verge of eternity, and still clinging to place, pelf and power. We could harrow up the reader's feelings, by taking him to the couch of the sick and the dying, and showing him, that selfishness, nepotism and corruption, had denied that assistance which a good government should have afforded. We could prove that the rulers of this country have been hitherto indifferent about the health of the people, and have thought more of increasing the revenue by the sale of a poison, than of the public good. We could point to the lordling and the aristocrat, who have had high honors conferred upon them for unimportant services; and we could record numerous instances of men in our own profession, who have deserved well of their country, but have met with no reward. Moreover we are compelled to express our belief, that from the present House of Commons we

shall get no proper redress for our grievances; and now without further preface we state the objects of our journal :

I. The establishment of the representative system of Government. A Faculty of Medicine in each of the three kingdoms; election by concours; public examinations; and a *general* registration of all legally qualified practitioners.

II. To raise the status of the general practitioner.

III. The correction of corporate abuses.

IV. The establishment of an efficient Board of Health.

V. The suppression of illegal practice and of quack medicines: as well as to enforce the necessity of a restriction on the sale of poisons.

VI. To review books, and to give a monthly retrospect of the medical sciences. Our desire especially will be, to sift the wheat from the chaff, and to place such subjects only before the busy practitioner, as will be of practical value to him.

VII. To bring statistics to our aid, as much as possible, in all our inquiries; believing as we do, that medicine will never be worthy the name of a science, until the numerical method is fully and fairly carried out.

VIII. To furnish our readers with one original essay, at least, in every number, on some subject connected with practical medicine, and to endeavour to present to them at the end of twelve months, such a volume, with an index, as will not disgrace their library shelves.

In our next number we will endeavour to point out the method by which the political objects above alluded to, may be accomplished.

PUBLIC EXAMINATIONS.

BEFORE entering more fully into this matter, we are desirous of placing before the profession some facts of recent occurrence connected with the Examinations at the College of Surgeons and Physicians. We beg the reader not only to take into account the *secrecy* of these tribunals, the whims, crotchets, caprice, and corporate pride of the Examiners, but we request him especially to keep his eye on the Parliamentary Barometer, and also to remember that ninety-nine rejections out of a hundred, are no pecuniary loss to the College, as the individuals present themselves again. In December, 1848, at the College of Physicians, two were rejected out of four, who presented themselves.

At the same time at the Examination for the Fellowship at the College of Surgeons, five were rejected out of six. In December, 1849, seven gentlemen appeared at the College in Pall Mall, and all passed. At this period, twenty-two were examined for the fellowship in Lincoln's Inn Fields, and only one was rejected. A month after the "fellow making," twelve gentlemen went up for the membership, and eight were sent back. We have always thought these new fellows the greatest enemies to corporate reform. And what after all have they to boast of? The following were the questions of the senior candidates :—

PHYSIOLOGY AND ANATOMY.—1st. Day.

I. Describe the structure of the knee-joint, the movements which it is capable of performing, and the muscles by which these motions are effected. II. Describe the use of the several valves of the heart, the order in which the auricles and ventricles contract and dilate, and the state of the heart when its pulsation is felt on applying the hand to the exterior of the chest. III. Describe the diaphragm and other muscles employed in respiration ; and describe their agency in the respiratory process. IV. Describe the course of the urethra, its dilations and contractions, its structure, and the parts which surround it or are in its immediate vicinity. V. Describe the differences of form and structure in the intestinal canal, and the functions attributed to its different parts. VI. Describe the changes which take place in the air received into the lungs, and in the blood circulating through the pulmonary capillaries during respiration.

PATHOLOGY AND SURGERY.—2nd. Day.

I. In the two forms of Erysipelas, simple and phlegmonous, what are respectively the principal symptoms ; what the course and termination ; and what the treatment constitutional and local ? II. What is the treatment to be adopted in a case of wound of the Brachial Artery occurring in venesection ? III. Describe the treatment of Retention of Urine from stricture in the urethra, and the consequences which are to be apprehended when the retention is not relieved. IV. Describe the progress of a carbuncle from its commencement to its termination, when not arrested by treatment. Describe also the treatment, both constitutional and local, by which its progress may be arrested. V. Describe the characters of Dislocations of the Shoulder-joint, and the modes of reduction. VI. What is the effect of Opium on the system ? What are the principal preparations which are in use ? And what are the doses of each ? N.B. Answers to any four of these questions will be accepted as sufficient, provided always that they are *accurate and adequate*.

The reader after perusing these questions, will naturally ask, what examination did these gentlemen pass eight years before ; and he will especially enquire with us, whether one of the eight last rejected candidates for the *membership*, could not easily have answered these fellowship queries ? But we give in conclusion one damning proof of the iniquity of this secret system. Mr. Guthrie in a lecture in the *Lancet*, January 20, 1849, says,

"I had hoped that another lecture on the treatment of wounded arteries would have been unnecessary, after all I have published on this subject. It has appeared to me, however, that the candidates for the diploma of the College of Surgeons have presented themselves for examination with even less knowledge on this, as well as on other subjects, than when I last made this observation to you ; but whether it arises from any defect on the part of their teachers, or from carelessness on their own, I am not disposed to offer an opinion. Hitherto, when I have examined students on this, or any other subject on which I have written particularly, and found them deficient, I have been contented to read a lesson rather than to reject them, supposing that they would like to be treated on the principle which pervaded the mind of the negro when he said, he had no objection that massa should *preachee* or *floggie*, but not *preachee* and *floggie* too.

Those candidates who have had a lecture from me, as well as an examination, and that perhaps as they thought with some degree of severity, have experienced this leniency, which they did not expect, nor feel, perhaps, that they deserved. It arose from those principles of justice I acquired at a very early period of my life, which I cannot entirely get the better of ; they are, however, subaiding, and I shall soon perhaps learn to smile with the greatest sweetness of manner, and speak with the softest intonation of voice, to the victim I am shortly about to sacrifice, instead of overlooking his negligence, in the hope that the lecture he has received might be an instruction, on the points in which he is defective, he would, perhaps, never forget."

Now unfortunately Mr. Guthrie's opinions upon this subject are at variance with many of his colleagues, who teach these young gentlemen, and as we have elsewhere shewn and promise to shew more fully hereafter, Mr. Guthrie's published evidence entirely upsets his conclusions.

MALIGNANT CHOLERA.

Paper read at the Medical Society of London, Oct. 28th. 1849, by EDWARDS CRISP, M. D., Physician to the Metropolitan Dispensary.

THERE is no disease about which so much paper and ink have been so uselessly and I fear, injuriously consumed, as the Malignant or Asiatic Cholera ; and although the present epidemic has afforded most medical practitioners in large towns, abundant opportunities of investigating the nature and origin of the malady, as well as its treatment, I doubt whether much progress has been made towards the elucidation of these important subjects. I am old enough to remember the first case of this mysterious scourge which occurred in Sunderland in 1831. I heard the various and contradictory opinions advanced at that time respecting the disease, and I was present at this Society, when Dr. Tytler for several evenings endeavoured to persuade the members that damaged rice was the fons et origo of the mischief. He denominated the disease Cholera Oryzea, and most ingeniously traced the connexion between the progress of the malady and the circulation of damaged rice ; several of the members were deluded by his arguments and readily became converts to his views. Dr. Tytler, whose honesty of purpose I will not for a moment question, is now numbered with the dead ; many of his hearers have also slept their last sleep. Amongst those who took a prominent part in the discussion I may mention Dr. James Johnson, whose sensible and practical remarks upon the nature and treatment of this, and other diseases, many in common with myself, have often listened to with great interest and instruction. I well remember, after numerous plans of treatment had been recommended, that Dr. Walshman, (then an octogenarian,) following the example of Sydenham, expressed his opinion that diluents, such as weak chicken broth, given in large quantities would be the best means of treating the disease. Young and inexperienced and like most juvenile practitioners, placing too much confidence in the power of medicine, I laughed at the old physician's remedy, and classed him with the cooks and nurses, whose office it is to prepare such like slops. Profiting, however, by subsequent experience and knowing the thousand and one modes of treatment that have been adopted and lauded by their respective promulgators, I am induced to

ask, whether the chicken broth system of Dr. Walshman, would not in many instances have been more efficacious, than the host of medicines to which I have just alluded, and I am reluctantly compelled to answer this question in the affirmative. It is true that patients have recovered from a state of collapse under almost every plan adopted, but they have I believe often recovered in spite of the doctor and his drugs.

Let it not be supposed from these remarks that I have any doubt about the efficacy of medical treatment in this disease: I believe that there is scarcely a complaint to which the human body is subjected, more amenable to treatment in the early stage, if the remedies are judiciously and opportunely applied. In almost every fatal case that has come under my notice the preliminary diarrhoea or serous hemorrhage has continued for a longer or shorter period, and no attempt has been made to arrest it. The patient often appears to himself and friends in no peril; in a short time, however, the cold hand of death is upon him, and the muddy current of the blood ceases to flow. Medical aid is generally in this condition unavailing, and a disease, which a few hours before was under the control of the physician, now defies his art. The above is not an overdrawn picture; it was one of daily, nay, almost of hourly occurrence, and the fault rested more frequently with the patient, than with his medical attendant.

In the present communication my object is to direct the attention of the members of the Society to that which is practical, and I shall avoid as much as the nature of the subject will admit of, all speculative considerations. I might occupy many pages in discussing the question as to whether the Malignant Cholera prevailed in this country before 1831, and whether the disease was known in India before 1817? I shall merely, however, express my opinion that the disease described by Hippocrates, Celsus, Sauvages, Sydenham, and other writers is not the Malignant Cholera of the present time, and when we examine the history of the black death, sweating sickness, and other epidemics of the 14th, 15th, and 16th centuries, and observe their commencement and decline: the probability I think is greatly increased that Cholera is a new disease, and that like the scourges of the middle ages, it will desolate the earth for a time, and then give place to some fresh pestilence.

I shall not dwell long on the various opinions which have been advanced respecting the cause of the disease, I believe that it is still involved in as much obscurity as ever, for whether we look to earth, sky, air, or water, insurmountable difficulties offer themselves. All we at present know about the matter is; that this inscrutable agent has certain powerful assistants in its train; such as a moist atmosphere; animal and vegetable malaria; depression and anxiety of mind; certain articles of diet and drink, and probably some trades and occupations. But as a proof that these agents *alone*, will not produce the disease, there are millions living in malarious districts where Cholera has not been seen; thousands of the rural population are drinking water from ponds and wells near their cottages, which is swarming with animalculæ, and contaminated with decayed vegetable matter; numbers are in the midst of filth and wretchedness, and yet the pestilence comes not to their habitations. This

scourge has decimated the inhabitants of one side of a river, whilst those on the opposite bank have remained unscathed. This hidden poison defies heat and cold, for its victims have been almost as numerous in the regions of Northern Europe, as under the burning sun of India; and what is especially remarkable in the present epidemic, is the fact, that although man has been blighted, the lower order of animals has escaped the stroke, and the vegetable kingdom, (especially the cereal species) has been more than usually productive.

But I must quit this part of my subject and proceed to the chief objects of my paper, which I shall divide into three parts: 1. The influence of occupation. 2. The contagious nature of the disease, and 3. The most approved mode of treatment. In investigating the first and second questions, I shall take for my text the reports of the Registrar General which I have carefully analyzed. And here I cannot forbear yielding a just tribute of praise to Mr. Farr for the care bestowed in the compilation of these reports, which I think are destined at a future period to elucidate some of the difficult points connected with the etiology of disease.

I commence my analysis with the week ending June 30th. as the trades and occupations of those dying of Cholera are then more particularly given. Diarrhoea too had its victims, but as these cases are not individually reported for the first seven weeks, I shall merely give the number of cases occurring during that time, viz. 872. It is necessary also to state at the onset of the inquiry, that I consider that the greater number of deaths from diarrhoea were produced by the choleraic poison, and that I believe serous purging is essentially one of the stages of Cholera.

During the 17 weeks through which I have carried my analysis, and ending October 20th., the deaths from both diseases amount to 16,172; Cholera, 13,410; Diarrhoea, (so called) 2,762, making a weekly average of rather more than 951. Nearly three fourths of the victims to Diarrhoea die under 15 years of age, viz. 1,927; whilst from the age of 15 to 60 only 365 have died; of those 60 years old and upwards, 470. Not so with Cholera; in this disease the greatest number of deaths or considerably above the half have occurred from 15 to 60 years of age; the numbers being under 15, 3,640; from 15 to 60, 7,710; 60 years and upwards, 2,060. The cases of Diarrhoea before alluded to numbering 872 in which the sex is not named, reduce the cases analyzed to 15,302, of these 7,214 were males, 8,088 females.

To ascertain the influence of occupation in the production of the disease, I have selected from these reports all the males 20 years of age and upwards, amounting to 4,258, and the following is the result of the investigation.* Accountants, clerks, and writers, 103; architects, builders and surveyors, 13; actors, 1; agents, 10; artists, 6;

* The subjoined account of the principal occupations in the metropolis recently published, (Feb. 4.) by the intelligent writer in the Morning Chronicle, on Labour and the Poor, will enable our readers to make their own deductions: "Domestic servants, 168,701; labourers, 50,279; boot and shoe makers, 28,574; tailors and breeches makers, 23,517; clerks (commercial), 20,417; carpenters and joiners, 18,321; laundry keepers, 16,220; porters, messengers and errand boys, 13,103; painters, plumbers and glaziers, 11,517; bakers, 9,110; army, 8,043; cabinet-makers and upholsterers, 7,973; silk manufacturers, 7,151;

bookbinders, printers, publishers and compositors, 93 ; bakers, 49 ; butchers, 39 ; tripe-dressers, 2 ; bacon-driers, 1 ; pork-butchers, 1 ; poulterers, 5 ; pie-man, 1 ; cat's-meat men, 2 ; horse-slaughters, 2 ; drovers, 6 ; cattle-dealer, 1 ; skimmers, fellmongers and leather-dressers, 13 ; curriers and tanners, 26 ; bone-collector, 1 ; bricklayers, plasterers and masons, 64 ; brickmakers, 8 ; beadles, 4 ; brewers, 6 ; brokers, 4 ; stock-brokers, 3 ; draymen, 2 ; basket-makers, 5 ; carpenters, cabinet-makers, coopers, millwrights, coach-makers, and all workers in wood, 338 (of these 119 are carpenters, 60 cabinet makers, and 5 upholsterers,) pianoforte makers, 6 ; coachmen, carmen, omnibus conductors and drivers, 111 ; grooms, 7 ; hostlers, 22 ; farriers, 11 ; horse-dealer, 1 ; horse-keepers, 6 ; livery stable man, 1 ; coalheavers and coal-whippers, 22 ; meters, dealers and weighers, 8 ; cheesemongers, 14 ; chandlers, 6 ; corn-chandlers, 4 ; tallow-chandler, 1 ; cooks, pastry-cooks and eating-house keepers, 13 ; chemists and druggists, 5 ; ministers of religion, 2 episcopalians (one of them a lunatic), 1 doctor of divinity, 1 wesleyan, 1 unitarian, 1 dissenting ; costermongers, 10 ; green-grocers and fruiterers, 15 ; cow-keepers, 6 ; dairymen and milkmen, 9 ; dyers, 8 ; drapers and hosiers, 23 ; general dealers, 16 ; engineers, 40 ; furniture brokers and dealers, 3 ; furriers, 11 ; farmers, 6 ; millers, 2 ; maltster, 1 ; fish-mongers, dealers in fish and fishermen, 22 ; gentlemen, 132 ; merchants, 21 ; retired tradesmen, 34 ; flusherman of sewers, 1 ; sewer's labourer, 1 ; rag-sorter, 1 ; scavengers, 5 ; dustman, 1 (æt. 81) ; chimney-sweeps, 7 ; sweeps, 4 ; well-sinker, 1 ; fireman, 1 ; french-polishers, 6 ; gasmen, 3 ; gas-stokers, 2 ; lamp-lighters, 6 ; link-man, 1 ; gardeners, 52 ; grocers, 17 ; hatters, 26 ; hawkers, 32 ; inn-keepers, licensed victuallers, beer-shop keepers and barmen, 40 ; potmen, 5 ; labourers, 689 ; lawyers, 14 ; (law-clerks before stated, 14) ; master of work-house, 1 ; medical men, 17 ; musicians, 12 ; oilmen, 6 ; officers, police 23, customs 12, relieving 1, sheriff's 1, pawnbrokers 5 ; marine

schoolmasters, &c. 7,138 ; butchers, 6,450 ; bricklayers, 6,743 ; blacksmiths, 6,716 ; printers, 6,618 ; booksellers, &c. 5,499 ; coachmen, guards, &c. 5,428 ; weavers (all branches), 5,065." From the shoe makers 3,717 females must be deducted, and of the domestic servants, females will form a large proportion.

I may mention an interesting fact in my own parish. In one of the Ragged Schools (the Juvenile Refuge, Old Pye street, Westminster) there are about 110 children, *boys and girls*, whose needful certificate of admission is their utter destitution and unfitness to appear in other Schools, many not indulging in the luxury of shoe or stocking. The children are engaged in various ways from nine in the morning until eight at night, and each child has a bath three times a week. 90 of them have two meals a day at the school ; for dinner, 1 pint of pea soup, meat soup, or cocoa alternately, and half a pound of bread, excepting Sunday, when those who remain are regaled on treacle instead of soup. Their supper always consists of 4 ozs. of bread with water to drink. Of the 90 thus cared for, only one child has died of Cholera, and this was at the first appearance of the disease, when the premonitory Diarrhoea was neglected, (five people died in the same house.) Under the windows of this School there are three open privies, the stench from which is sometimes scarcely bearable. In the New Pye-street Ragged School, where there are 200 children, not one death has occurred. In Pear-street School there is about the same number, and only one girl died. In the New Tothill-street School, there has not been a single death amongst 63 children. So that in nearly 600 children living in a close and badly ventilated neighbourhood, miserably clothed and worse fed, (they are only fed at the Juvenile Refuge) only 2 died of Cholera.

store keepers, 4 ; postmen, 6 ; painters, plumbers and glaziers, 74 ; pensioners, 72 (old) ; porters, 111 ; servants, waiters and messengers, 54 ; soap-makers, 2 ; sailors and men employed on the water, 307 ; soldiers, including the invalided, 46 ; salesmen, 8 ; schoolmasters and teachers, 6 ; shoemakers, 154 ; tailors, 78 ; travellers, commercial, 21 ; tobacconists, 8 ; weavers, 96 ; warehousemen, 9 ; watchmen, 5 ; undertakers, 5 ; vagrants, 2 ; workers in iron, 102 ; silver and gold, 25 ; brass and copper, 30 ; tin, 9 ; glass and earthenware, 24 ; colors, 4 ; leather (exclusive of shoemakers) 22 ; hair, 27 ; wool, 9 ; tow, 15 ; paper, 9 ; bone, 3 ; miscellaneous occupations, difficult to classify, 103 ; occupations not stated, (the returns in the first papers being imperfectly given) 399. Amongst the last, convicts, prisoners and paupers are included.

Before commenting on these reports, I must premise that there are certain facts which it is especially necessary to bear in mind. First. The localities : and the interesting diagram of the Registrar General, showing the deaths in every 10,000 inhabitants in each district is important. In the 36 districts Hampstead is the minimum 8, and Rotherhithe the maximum 263. On the north side the river the deaths amount to 42 only in 10,000, while on the south side they number 124. It must also be recollected that under the head of labourers, and those whose occupations are not stated, some important omissions may have occurred, although it is scarcely probable that any medical practitioner would neglect the mention of a nightman, grave-digger, or any other employment that might be supposed likely to induce the disease.

Inferences. First. As regards the influence of occupation.

There is no particular employment, exclusive of locality, that appears especially to predispose to, or excite the disease. These returns disclose one extraordinary fact, viz. that those engaged in some of the most filthy and dirty occupations have been peculiarly exempt from this epidemic. Thus no nightmen, sextons nor grave-diggers are reported, and those employed about dead animal matter form but a small proportion of the whole. There is only 1 flusherman of sewers, and 1 sewer's labourer, the former was 66 years of age. One dustman aged 81. Only 2 male vagrants are reported, and 1 female aged 80, but some may have died in the poor-houses whose occupations were not known. Is it probable that the use of sulphur by these people acts as a prophylactic ? This notion is somewhat strengthened by the fact, that there are but 8 straw bonnet makers reported, 1 male and 7 females, and the male was a master furrier as well. Men employed about gas works appear to have enjoyed a great immunity from the disease. Mr. Holl, the Registrar, says, Sept. 15th. :—

“ It is perhaps singular that up to the 15th instant no death nor case of Cholera occurred in the Imperial Gas Works, Maiden-lane. I inquired of a gentleman connected with the establishment who told me he had not heard of any case at this or the other establishments at Hackney and Shoreditch. Mr. Fogarty, the medical gentleman, under whose care the workmen are, informed me that the men are the most healthy persons in the neighbourhood. However two cases have occurred, but the first was not a strong man, and rather intemperate ; the other had been engaged but three days, and was a kind of superintendent. Is the coal gas destructive of the poison in the atmosphere which induces Cholera ? ”

The small number of persons attacked who sell spirituous liquors leads to the inference, that the *moderate* use of alcohol rather tends to ward off the complaint. I have no means of knowing the number of teetotalers, but I learn that two members of our own profession who died of cholera were water-drinkers. The dealers in fruit only amount to 25, including 10 costermongers. The mortality has been greatest amongst the labourers, especially on the south side of the river : many of these men were employed about the docks, and in low, damp situations. Sailors also from the same cause have suffered to a great extent, and amongst the latter the number of master mariners and mates is remarkable.

These returns also entirely disprove the prevailing notion that Cholera is a disease confined chiefly to the poor. Gentlemen, master tradesmen, and people in good circumstances were very numerous, but they were generally advanced in age : thus of the 132 gentlemen who died only 18 were under fifty years of age, and 10 of these 18 were between forty and fifty.

An interesting question presents itself respecting the immunity of those labouring under chronic complaints. These returns show that lunatics (although they enjoy a comparative freedom from many diseases) are not exempt from Cholera. There is reason to believe however, that although the law laid down by Hunter ("that two diseases cannot exist in the body at the same time") is often erroneous, that it is applicable to a certain extent to Cholera, and that those labouring under chronic maladies are less frequently attacked. Pregnant women appear to have no peculiar exemption. I have seen but one instance during the parturient condition, but Dr. Lever has met with 13 deaths in his own practice, in the present epidemic, and the records in the French Journals for 1832 afford many examples.

I now come to the subject of contagion. This question, especially as regards the welfare of the sick poor, is one of great importance. The authorities of Guy's Hospital closed their doors against the admission of Cholera patients, on the ground, as I understand, that the disease might spread to the students and patients in the hospital. It must be borne in mind that this hospital possesses enormous funds ; thousands in its vicinity fell victims to the disease ; but I believe, if this fear of infection had not prevailed, and if temporary Cholera sheds had been erected, that there would have been a great saving of human life.

But what proof do these returns afford of the contagious nature of the malady ? First, of the members of our own profession, 2,567 of whom (according to an Analysis I have made of the London Medical Directory) are practising in London, 17 only have died of Cholera and Diarrhœa ; 10 resided on the south side of the river, and 7 on the north, but two of the latter, Dr. Burton and Mr. Key, were attached to the Boro' Hospitals. The ages of these gentlemen were as follows: 23, 30, 36, 39, 40, 40, 41, 42, 44, 45, 47, 47, 50, 53, 55, 57, 76 ; not one death of a medical assistant, student or pupil has been recorded ; although hundreds of these, as well as of the senior members of the profession, have been in constant attendance upon the sick, harassed by anxiety of mind and almost prostrated by bodily exertion. But contrast these deaths with those that occurred in Ireland in 1847

from typhus fever, (Parliamentary Evidence,) Dr. Cusac says (2982),

"We found that 179 Irish medical practitioners, exclusive of pupils and army surgeons, died in the year 1847, about 1 practitioner in every 15, and 64½ per cent of the whole died of fever."

When in Edinburgh I learnt that about 12 students annually died of fever in that city. Again only 5 chemists and druggists have died, one of these a wholesale druggist and another a lunatic. Not one druggist's assistant nor apprentice has fallen a victim to the disease, but 28 lawyers, including 14 clerks, have sunk under it. Take next the ministers of religion who it is presumed have been in close contact with the sick: of these there are 2 Episcopalian ministers, (one a lunatic,) 1 Doctor of Divinity, 1 Wesleyan, 1 Dissenting and 1 Unitarian. Only 5 undertakers are mentioned and no sextons nor gravediggers, but I know of one of the latter who recovered from a severe attack. Amongst the 8,088 females there are 38 nurses (7 or 8 of these employed at hospitals), 71 charwomen and 52 laundresses. The deaths of 1125 widows are recorded, and I have reason to believe that the husband and wife have often been cut off by this ruthless pestilence, although I am unable from the returns to give the numbers.

It would I think be presumptuous for any one to state that Cholera is not contagious under any circumstances; but surely these returns show, that it is so, if at all, to a very small extent. It should be recollected that persons who are thought to have taken the disease from the infected, have been exposed to the same deleterious influence as those first attacked. I also believe that many of the supposed examples of contagion, if thoroughly investigated, might be otherwise accounted for. Mental influence as a predisposing or exciting cause, has probably not been sufficiently estimated. The following example which occurred to me in 1832 is a good illustration. A healthy boy, *æt.* 6, saw one of his companions fall into the Surrey Canal, he ran home, his bowels became relaxed, and he died two days afterwards of Asiatic Cholera:—he had not been near a Cholera patient but he was living in an infected district. A gentleman whom I saw, died at Brixton, his wife was much depressed in mind and was frequently over the corpse, she died of Cholera a few days after her husband, but both were living in an infected district, and the lady from night-watching and great anxiety of mind would be peculiarly liable to the disease. A servant, *Æt.* 45., (a very timid woman,) who was attended by my friend Dr. Parry, of St. John's Wood, went to visit a relation in Carey Street, Southwark, where she slept on Monday night. There were eight persons dead in the street, and the woman believed that there was a corpse in the house. On Wednesday night she had diarrhoea and died of Cholera on the following evening. No case of Cholera had occurred in the street where she lived (Abbey Place) previous to her death, nor has the disease appeared since. Fear and exposure to the noxious atmosphere, in this, and many other instances are, I think alone sufficient to account for the occurrence of the disease. We know little at present respecting the period of incubation of the poison. The time probably varies much in different cases. In this instance it appears to have been about forty-eight hours. When the poison, or a sufficient amount of it has been received into the system, the removal into a pure atmosphere does not always prevent the attack.

Numerous examples of this kind might be adduced. A gentleman, a friend of mine, who had had slight diarrhoea, and who had been much in the infected districts, went into Essex (60 miles from London) on Friday night, the 31st of August, intending to shoot on the following day; he said that "he felt better after his arrival," but he was seized with violent cramps and vomiting during the night and died the following afternoon. This is the only case of Asiatic Cholera ever seen in this neighbourhood.

And lastly, as regards the treatment of the disease. This question is I fear likely to remain long in as unsatisfactory and uncertain a state as at present, unless a different and more rigid method of investigation be adopted. If at such of our public hospitals whose funds would have enabled them to have received Cholera patients, a different method had been pursued, we might by this time have arrived at more positive conclusions respecting the effects of medicines in this disease. The system I would suggest if this frightful epidemic should again visit us, is the following:—Three large well ventilated wards containing 40 beds each should be set apart exclusively for Cholera patients, and (according to the present state of our knowledge) three of the most approved modes of treatment should be fairly and extensively tried, in each, under the inspection of medical men appointed by Government. It may be said that the poor should not be subjected to this kind of experiment, but do the rich fare better in this disease? Is not the treatment experimental, and to a great extent empirical? Heat, cold, brandy, ice, aperients and astringents, acids and alkalies, calomel and tartarized antimony, and nearly a thousand other methods, many of them apparently as opposite in their effects as fire and water have been recommended by different practitioners.

But to return to treatment. It is but fair to state in the onset, that although I saw many cases of Cholera in 1832 and opened several bodies, I have, during the present epidemic attended only 20 cases of Asiatic Cholera, and with one exception, they were all seen with other practitioners; of these 13 died and 7 recovered. It is difficult to draw a useful or practical inference from the treatment, as although Dr. Ayre's plan was adopted in the great majority, other methods had been pursued at the commencement of the attack. I will allude to two or three remarkable cases. First, Mr. C. in the Westminster Road, seen with Mr. O'Shea. This patient was well at one o'clock in the morning, he assured me that he had had no premonitory diarrhoea,* and he died at 7, (6 hours.) Mrs. H. also seen with Mr. O'Shea, appeared after a few hours to be dying. I injected 60 ozs. of saline fluid into one of the brachial veins, the effect as in many cases recorded in 1832 was most remarkable; the skin became warm, the pulse perceptible, the voice louder, and a profuse perspiration bedewed the body, but after a few hours she got into her former state. I again injected about 40 ozs. of the same fluid, and she lived nearly 24 hours from the first transfusion. Dr. Ayre's plan of treatment in this case was strictly adhered to, and carried on after the transfusion; indeed,

* Since this gentleman's death, Mr. O'Shea has ascertained that he had slight diarrhoea for two days before the attack. I mention this to show the difficulty we have often in obtaining accurate information from the patient.

my principal object was to prolong life by the operation, so that the calomel, if of any efficacy, might have a better chance. One bilious evacuation occurred before death. I was anxious in this case and in some others to have tried the transfusion of blood and water, but I could not procure the blood. Believing with most practitioners that the loss of the serum of the blood is generally the cause of death, I am afraid transfusion has been too hastily abandoned. I think that in most cases life may be lengthened by it, and in this way the action of medicines may be prolonged.

But the most extraordinary case amongst the above was that of a gentleman, *Æt.* 18., residing in Nelson-square, whom I saw with Mr. Menzies of Stamford-street. He had taken on the 10th of September (without advice) some blue pill, rhubarb, and effervescing medicine, which relaxed the bowels for a short time; he was tolerably well, however, until Monday evening, when at 7 o'clock he vomited once, and purged very profusely. The fluid from the bowels was the clearest I have seen, with a little flocculent sediment. He had taken effervescing medicine, calomel and opium every half hour, until I saw him at half-past four in the morning. He was then nearly pulseless; hands cold, feet warm, eyes sunk, voice feeble, great restlessness, and cramps in the legs and hands; tongue and breath warm. I ordered 2 grs. of calomel every 10 minutes, about 24 grs. were taken, but he died at eight; three hours and a half after I first visited him. After taking a few doses of calomel, the symptoms appeared to improve; the voice became louder, and the hands and forehead warm. A short time before death he had a sudden evacuation from the bowels; I observed that the skin instantly changed to a blue color, and he rapidly sunk. Soon after his death, when Mr. Menzies and myself were standing by the bed side, the arms which were quite straight were gradually flexed, so that the hands were brought up to the clavicles; at this time no sound was heard, nor motion felt over the heart. I had sent for my transfusion apparatus, and on its arrival, I injected a small quantity of saline fluid, but it did not pass readily through the vein. It is remarkable that in this patient the heat increased before death and, the body remained warm for 24 hours after. There is some resemblance between this case, and the one which lately occurred at Bristol, in which the warmth of the body continued for several days. I met with another instance of this kind during the present epidemic. I saw one remarkable case of suppression of urine with Mr. Taylor, of Camberwell. A man *Æt.* 45., who had been in a state of extreme collapse, and whose life was despaired of, took 20 grains of calomel every 20 minutes, for several doses, the quantity was gradually decreased, but altogether 360 grains were taken. When I saw him he was sitting up on the bed, and there was no evidence of oppression of the brain, although no urine had been passed since the attack, then 8 days. Mr. Taylor introduced the catheter, and drew off about a pint of urine, which appeared to have been recently secreted; it was light colored, clear, and slightly acid; had not a urinous smell, and on boiling it, *no albumen was perceptible*. This patient died comatose 12 days from the commencement of the disease, probably from the presence of urea in the blood. For several days before his death, the secretion of bile had returned.

In forming an estimate of the comparative value of the various modes of treatment, I am guided chiefly by the reports of others, and taking the general sense of the profession, and attaching but slight importance to my own limited experience, I unhesitatingly give the preference to calomel, (a medicine often powerless, as all medicine must be in some cases of the disease) but I believe of more efficacy than any other we are at present acquainted with. I have heard that a learned lecturer on *Materia Medica*, (duly licensed by the authorities) when calomel formed the subject of the discourse, said to his pupils: "Gentlemen, We are told when we are at a loss at whist to know which card to play, let it be a trump; so in treating disease, if you are at a loss give calomel." A late President of the College of Surgeons, (Parliamentary Evidence) thought it was not necessary for a surgeon to know the composition of this medicine, so that he knew its effect. Strange doctrines these, but I fear too common amongst some of the members of our profession. But what is the effect of calomel on the liver? Unless we have been greatly in the dark for more than two centuries, it promotes the secretion of bile, and the vast majority of Cholera patients, after this fluid enters the intestines are in comparative safety. Hence the advocates for the calomel treatment have, at least, a *motive* for the administration of the medicine. Mr. Grainger, now a gentleman of high authority, (if correctly reported in the *Lancet*, January 1849, p. 25) recently told the students of St. Thomas's Hospital, "That the secretion of the bile is not arrested in Cholera, but that it does not pass into the intestine." Now as the gall bladder is often only $\frac{2}{3}$ full, and the amount of bile daily secreted amounts probably to 12 or 16 ounces, it is difficult, according to Mr. Grainger's theory, to understand what becomes of the surplus. But is calomel to be given in all cases of Cholera? In the bilious diarrhœa the chalk mixture, opium, and catechu, as recommended by the Board of Health, are, I believe, the best medicines; emetics may assist, and other modes of treatment may accomplish the same object: but stop the purging in all cases without delay; keep the patient in a state of quietude, and continue the astringents for some time after the cessation of the diarrhœa.

In the serous diarrhœa, where there is an absence of bile in the intestines, I would at once commence with a grain of calomel and repeat it every half hour. If the above mode of treatment had been more generally adopted I believe that there would have been a great saving of human life. If an artery is bleeding, we endeavour to arrest the hemorrhage, and I think it is equally or more important to stop the flow of serum in this disease, for it is the want of proportion between the serous and red particles that is probably the cause of the stagnation that occurs. A larger quantity of pure blood might be lost, and the discharge would be perhaps less injurious! There is one important fact to bear in mind in the treatment of this disease, and it is one that should lead us not to despair of any patient, viz.—That in the worst cases there is no disorganization of structure. In the extreme cases of collapse, (I can only depend upon the statements of others,) I have not witnessed a single recovery, but it is fair to state that in the ten cases of extreme collapse which I saw, Dr. Ayre's plan of giving two grains of calomel (without any other medicine) every ten minutes, had not been fully carried out. In five of these cases I have

ut præsentī illi maturos fas sit largiri honores! Ergo, quid restat, nisi ut Horatii verbis optemus,

‘PARIS, ut salvus regnet, vivatque beatus!’

Hor. Epist. lib. I, Epist. 2, l. 10.

Pretty well this, Dr. Badeley, but let us take the whole Epistle, and make our own *applications*, and we say to the President as Horace did to Mæcenas:—

“Laudis amore tumes? sunt certa piacula, quæ te

Ter pure lecto poterunt recreare libello.”—*Lib. 1, Epist. 1.*

We will now pause, Mr. Orator, and ask you a few questions; we like the categorical style in our mother tongue; it is better fitted for sifting truth and exposing error. Dr. Granville, in his *Essay on Medical Reform*, 1838, said, “that the College of Physicians had some snug appointments in the way of lunacy commissionerships to dispose of.” Was Dr. Badeley, we ask, indebted directly or indirectly to Dr. Paris for his appointment of inspecting physician to the lunatic asylums of Essex? “Me morientem meminisse juvabit,” says the Doctor. Again, how came it to pass, Dr. Badeley, that your friend the President, who in his evidence before the Parliamentary Committee alluded to the moral power of the College of Physicians, made the following erroneous statements.—

Q. 8. “That the committee was appointed by the College at large. That the efficiency of a physician has been sufficiently tested by the College of Physicians, or by one of the two English Universities. That the candidates are examined in Latin and Greek. That if the fellows or licentiates conduct themselves in an unprofessional way, they are summoned, censured and fined. That no complaint has been made of any abuse of power or authority as exercised by the College. That the members of the profession, who rise to pre-eminence in the College and practice in London, have gone through a long course of literary study. That the general practitioner practises in medical cases, and, to a *certain extent*, in surgical cases. That he treats medical and surgical cases to a *certain extent*. That the College of Physicians has not abused its powers. That there is no compact between druggists and any of the fellows or licentiates of the College. That a higher order of physicians should be secured for the metropolis. That there is no distinction between the examination of licentiates and extra licentiates.”

And then as to the learning, the eating and drinking, the drugs and chemicals. Why did not the orator introduce the yellow turnips and green Colchester oysters, natives of his own county? Why omit Lady Webster’s Pills, Dalby’s Carminative, and the 183 formulæ for inexperienced practitioners? But more especially, why, when he exhorted others, as directed by the will of the illustrious Harvey, “to search out the secrets of nature by way of experiment,” did he forget to mention the anatomical errors of Præses noster eruditus, in this said work, about eating and drinking? We fear the orator thought more of the “oysters and soda water” than of anatomical secrets. But hear the result of some of Dr. Paris’s secret investigations and experiments.—

“The vena portarum is formed by the concurrence of all the veins of the abdominal viscera.” “Minute anatomy is of little service to the physician, but without a knowledge of the positions and localities of the different organs, which constitute the seats of the diseases he may be called upon to cure, he will be inevitably led into error.” “Four arteries, three of which are considerable, are exclusively devoted to the service of the stomach.” Patients with most anatomical accuracy will trace the course of the duodenum, with their finger, from the stomach to the liver, on the right side, and back again, across the abdomen, to the umbilicus. At its commencement it turns backwards and downwards. “The rectum is the last portion of the intestinal canals; it begins at

the upper part of the os sacrum, where the colon ends, and going straight down (whence its name) it is tied to the extremities of the coccyx by the peritonæum behind, and to the neck of the bladder in men, but in women to the vagina uteri before; whence arises the sympathy between these parts."

Our readers are tired of these secrets of nature and we think that we have made a very suitable ending. The latin word *rectum* we suppose has led the Doctor's classical mind into a straight course. Our last question to the orator is the most important one. Why did he not mention Dr. Paris's book on Medical Jurisprudence, and the honour conferred upon the President by the award of the Swiney cup by Drs. Nairne, Monro and F. Hawkins? This has been a bitter cup to our contemporary, the Editor of the Medical Gazette, who says in his review of this oration,—

"We thought the honour of writing on what to eat, drink and avoid, belonged to Dr. Culverwell: one branch of science to which the President has largely contributed by his writings, namely, *Medicina Forensis*, is altogether unnoticed by Dr. Badeley, as also the fact, that for his researches on this important subject, the Premium Swineyanum has been recently awarded to him."

Leaving for the present Drs. Paris and Badeley arcades ambo, we come to the second question, namely the liberality of the College. And what a prostitution of the word liberality! Look to the past history of the college, Dr. Badeley, and then ask yourself the meaning of the word. The orator says,—

"Quantum profecto salutis publicæ profuerit, si Angliæ Senatus auctoritatem plenam Collegio nostro concederet, per quam ignaros medicinæ professores, nec gradu Academico, nec diplomate donatos, non solum in hac urbe, sed etiam per totam Angliam facile cohibere posset! Rationi enim vix consentaneum videtur talis Collegii auctoritatem salutiferam intra terminos tam augustos concludi!"

We are inclined to suppose that Dr. Badeley spoke according to his instructions, and that this seeming liberality is like that of the bankrupt who, when his affairs are at the lowest ebb, thinks it prudent to consult with his creditors; for know, "O dignissime præses, socii dilicti et ornatissimi, vires illustres spectatissimique," that your Oxford and Cambridge go-cart, which has so long encumbered the road of science, is cranky, rotten, and worn out, and all the splicing of timbers and greasing of wheels wont answer. You have driven blind animals too long, and although the coachman and guard may exclaim with Mr. Weller, that the rail "is unconstitutional and an invader of privileges, and that there can be no honour and dignity without self-elected coachmen and guards," you will be forced to travel by steam.

But what passengers has this ancient vehicle brought into the sacred circle since Sept. 29, 1848? Dr. Alfred Taylor, æt. 46, Editor of the Medical Gazette, and we *believe never in practice*, Drs. Markham, Sibson, Novelli and Tulk; but on the 25th of December last there was, as at the College of Surgeons, a larger muster than usual, and all the candidates, (excepting one at the latter College) were passed. These were Drs. Babington, Brinton, Frere, Goodfellow, Hue and Stewart for the license, and Dr. Goodman for the extra license. Some two or three provincials, who pay small fares, have been also carried as outside passengers, but these are too insignificant for their names to be inserted in the way bill. But to drop metaphor it will be seen that the receipts of this College can scarcely amount to £700 a year, whilst its expenditure, including dinners, rates and taxes, salaries of registrar, secretary and inferior officers must exceed £1,000.

The fellows are tired of their annual subscriptions for its support, and some of them, we suspect, have not thought the honour worth the purchase fee, £55 1s. We give the names of the last batch : Dr. Stroud, Great Coram-street ; Dr. Swaine, Upper Seymour-street ; Dr. Philp, Kensington ; Dr. Collier, Fitzroy-square ; Dr. Wells, Reading ; Dr. Shann, York ; Dr. Munk, Finsbury-place ; Dr. Abercrombie, Cheltenham ; Dr. C. Handfield Jones, Sloane-street. These gentlemen, deducting stamps, bring £270 9s to the College funds. We are anxious to know whether the number of fellows is in proportion to the demand for money, and whether these increase, as the licentiates diminish ? And how does this bankrupt institution propose to remedy its shattered condition, the *res angustæ domi*, and to atone for its past offences ? By compelling all graduates of British Universities, *ignaros medicinæ professores*, who practise as physicians, to pay £15 or £20 to its empty coffers, and then admit them as step children, fed with pewter spoons, to its cold and gloomy halls. But we shall have occasion to return to this subject in a future number.

And lastly, for the muster-roll of the alumni of this College. The reader must bear in mind that the Institution was founded by Linacre, 339 years since, and Dr. Badeley thinks that that worthy who was tutor, parson and pluralist, immortalized himself by attending three kings. What a strange notion of immortality ! We should like to know whether that monster in human shape, Henry the Eighth, consulted Linacre (who was tutor to his children and a great favourite) about the butchery of his wives ? Why Dr. Badeley these king-flatterers have been the greatest enemies to science ! Amy Drury and her daughter, only eleven years of age, were executed for witchcraft chiefly on the evidence of Sir Thomas Browne. Charles II. touched 23,600 of his subjects for the evil in five years ; and Dr. Wiseman says, " However, I must needs profess that his majesty cureth more in any one year, than all the chirurgeons in London have done in an age." A good lesson this, for modern theorists. But, apropos, Dr. Badeley, let us record an instance of modern credulity and superstition. We extract the following from Millengen's *Curiosities of Medical Experience*.—

" Johanna Southcote had her votaries, and Prince Hohenlohe is still considered by many a pious person, as a vicarious instrument of divine mercy. No miraculous recovery recorded in the dark ages can surpass the tenebral absurdity of the following relation of one of his cures :

Miss O'Connor was a nun in a convent near Chelmsford, and in December 1820, being about thirty years old, was suddenly attacked by a violent pain in the right hand, which extended with much swelling and inflammation up the arm. The whole limb became red, swollen, extremely painful, and entirely useless. Every remedy, both topical and directed to the system, was tried in vain for a year and a half. There was no suppuration, nor any formation of pus ; but the malady continued obdurate, and yielded to no application. The resources of the flesh having manifestly failed, Mrs. Gerard, the worthy superior, very properly betook herself to those of the spirit. She made a request through a friend to Prince Hohenlohe to assist the patient in this her extreme case ; when the following precious document, which it would be impious to translate into heretical English, was received :—

" Pour la Religieuse Novice d' Angleterre.

" Le trois du mois de Mai, à huit heures, je dirai, conformément à votre demande, pour votre guérison, mes prières. Joignez-y à la même heure, après avoir confessé et communié, les vôtres, avec cette ferveur angélique et cette confiance plénière que nous devons à notre Rédempteur J. C. : excitez au fond

de votre cœur les vertus divines d'une vrai repentir d'une amour Chrétien. d'une croyance sans bornes d'être exaucé, et d'une résolution inébranlable de mener une vie exemplaire, afin de vous maintenir en état de grâces. Agrées l'assurance de ma considération.

Bamberg, Mars 16, 1822.

PRINCE ALEXANDRE HOHENLOHE."

It is to be regretted that this letter, which was no doubt a circular to his proselytes, with necessary blanks to be filled up *pro re naté* as the doctors have it, was not drawn out in better French. Howbeit on the appointed day, asserts Dr. Badeley (the lady's unsuccessful medical attendant), Miss O'Connor went through the religious process prescribed by her princely physician. Mass being said, Miss O. not finding the immediate relief she expected from her faith, or faithfully expected, exclaimed somewhat impatiently, not having the fear of Job before her eyes, 'Thy will be done, O Lord, since thou hast not thought me worthy of this cure;' when behold! *immediately* after she felt an extraordinary sensation throughout the whole arm to the end of the fingers. The pain *instantly* left her, the swelling gradually subsided, and Dr. B., who no doubt was the pet physician of the nuns, declares that the hand shortly resumed its natural size and shape."

Virgil had short breath and Horace watery eyes. Augustus used to say when they sat at his table, "he was between sighs and tears." Verily Dr. Paris, with his friends Elliotson and Badeley, is in the midst of spells and charms!

The names introduced by the orator, are Linsacre, Caius, Harvey, Sydenham, Hamey, Friend, Mead, Morton, Gilbert, Baker, Radcliffe, Heberden, Garth, Akenside, Young, Warren, Jenner, John Hunter, Baillie, Wollaston, Babington, Halford, and Sir Charles Clarke. We could tell some funny tales of a few of these gentlemen. Dr. Mouffet says, "What made Dr. Caius in his last sickness so peevish and so full of frets at Cambridge, when he sucked one woman (whom I spare to name) froward of conditions and of bad diet; and contrariwise, so quiet and well, when he sucked another of contrary dispositions? Verily the diversity of their milks and conditions, which being contrary one to the other, wrought also in him that sucked them, contrary effects." This worthy doctor, as the reader knows, Shakspeare has immortalized in the *Merry Wives of Windsor*.

Dr. Badeley appears to have forgotten that the majority of these physicians graduated out of England, obtained the chief part of their knowledge in other countries, and that some of the best of them were badly treated by the College. The illustrious Harvey is a striking example. Sydenham only became a licentiate late in life, and the fellowship was denied him.

This College refused Jenner its license, although the University of Oxford had conferred the degree of M. D. upon him. Dr. Badeley very properly alludes to this neglect. But the following interesting letter of Jenner to Dr. Cooke, in our mother tongue, will convey more than the stiff and cramped language of the orator:—

"You saw by my reply to your first letter, that I was not ambitious of becoming a fellow of the College of Physicians; your second has completely put an end to every feeling of the sort, and I hasten to request you to stop the progress of any thing that may be preparing for my approach to Warwick-lane. In my youth I went through the ordinary course of classical education, obtained a tolerable proficiency in the Latin language, and got a decent smattering of the Greek; but the greater part of it has long since transmigrated into heads, better suited for its cultivation. At my time of life to set about brushing up would be irksome to me, beyond measure: I would not do it for a diadem. That indeed would be a bauble. I would not do it for John Hunter's Museum, and that you will allow is no trifle. How fortunate I have been in receiving your kind communication! If the thing had gone on it would have

been embarrassing to both parties. I wish you would frame a bye-law for admitting men among you who would communicate new discoveries for the improvement of the practice of physic. On this score (not alluding to vaccination) I could face your inquisition with some degree of firmness."—*Baron's Life of Jenner.*"

We doubt whether John Hunter, whose opinion of a University education is well known, and who really did "endeavour to search out the secrets of nature by way of experiment," would have been proud to have appeared in such company? The professors of midwifery, considering the estimation in which they are held by the College authorities, will be delighted at the mention of Sir Charles Clarke's name: it is true, it only appears in a foot-note! But are our readers acquainted with the way in which this worthy Baronet became connected with the Royal College? We give it as the story goes. "Mr. Clarke was in large practice as a general practitioner in the west of London. Physicians were asked to meet him in consultation, but they thought it *infra dig.* to consult with a plebeian. How was the difficulty to be surmounted? His lady patients kindly came to his rescue: they petitioned the Archbishop of Canterbury to make him an M. D., and hence his cognomen of "divine Doctor."

"Ladies, you deserve

To have a temple built to you!"

And now Dr. Badeley in taking our leave, let us assure you that we have been influenced by no vindictive feeling. If we had not seen the oration, we probably should never have heard of your existence. At this *important crisis* in medical politics, we have thought it our duty to expose the apparent liberality which seems to pervade your discourse. Like the language in which it is written, it is often capable of various interpretations, "*species virtutibus similes.*"

We can quite understand why you decry political agitation. If some of the old pollard oaks in your neighbourhood, whose stunted trunks and withered foliage have so long encumbered the earth, and stopped the growth of vegetation, could speak, they would preach the same sermon. They would tell of the slugs they had housed, the moths they had shaded, the jackdaws and magpies they had sheltered, and of the vested rights they possessed. But the axe is already at their root, and they are doomed to fall. So it will be, Dr. Badeley, with your College, unless you speedily make your peace with the living; the dead, luckily for you, tell no tales, and the squires, yeomen, and peasants, whose bodily ailments, according to your edicts, require a less amount of skill for their relief than those of their metropolitan brethren, will not rise up against you. But there is a spirit abroad that you cannot subdue; a voice of reason that you cannot stifle, and a wide-spreading opinion, that prefers the aristocracy of talent, to that of birth or place, that you cannot crush. May you and the learned President live long and happy; may you quaff many a pleasant draught from the Swiney cup; the liquor the Calenian or Falernian wine of your friend Horace, or, if you prefer it, your favourite antipodagric beverage, the "*Cerevisia tenuis Londinensis,*" but let the toast be, "Short life to nepotism and corruption, and success to a Faculty of Medicine, and election by concours."

"Without the stamp of merit let none presume,

To wear an undeserved dignity—

O that estates, degrees, and offices,

Were not deriv'd corruptly, and that clear honour
 Were purchast by the merit of the wearer ;
 How many then should cover that stand bare ?
 How many be commanded that command ?"

Merchant of Venice.

In our next we shall glance at the Hunterian orators of Lincoln's Inn.

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY, 1850. Small 8vo. pp. 576. London : John Churchill.

THIS is the fifth Medical Directory ; the first, as many of our readers are aware, was published by Mitchell in 1845, and as we are likely to have an annual delivery of these registers, our readers' time will not be unprofitably occupied in a brief consideration of the work in question, and the proprietor, we hope, will benefit by some of our strictures.

We are told in the preface that " the same proprietorship exists as at the first, but that there is a complete change in the editorial supervision." We suspect the success of this work mainly depends upon annual change and alteration.

Mr. Churchill's publications figure at the commencement in delicate green, and Mr. Highley's productions, after the fenders and fire-irons of Mr. Slack, in modest white, finish the volume. We are promised various changes in 1851. Thus some latitude will be given to contributions ; *series* of papers and courses of lectures will be inserted, and gentlemen will be asked how they practice ? Rather a difficult question we suspect for some of them to answer. The Editors in their code of regulations commit a strange error. They assume " that an M.D. must go to the College of Physicians for a legal right to practise as a physician in London." *If a gentleman possesses an University degree, and is at the same time a licentiate of the Apothecaries Company, he has as much a right to practise as a physician in London as the President of the College in Pall Mall.* Those who were persecuted and imprisoned by what Dr. Gideon Harvey called the " Pope and medical Cardinals," were not legally qualified to practise medicine in the metropolis. Another mistake occurs, which, to say the least of it, indicates great negligence on the part of the Editors. The Censors of the College of Physicians are said to be, Drs. Todd, Sutherland, Alderson and Nairne. The last of these gentlemen only, is a Censor : the others being replaced in June last by Drs. Southey, Barker, and Jeaffreson.

We could point out many more important omissions and commissions, but we will proceed at once to our object, viz. the notice of such parts of the work as have an important bearing on the subject of medical reform, and the proprietor and editors of this Directory, we believe unintentionally, have done more service to the cause than all the pens of our cotemporaries. In this work we have the general registration, which the corporate bodies so much object to. Here, as in the cemetery, the vulgar and the aristocratic are placed side by side, and are brought to their proper proportion and level. The learned and academical President of the College of Physicians, and Dr. Culverwell, both have a niche in this temple of fame. They are both writers on diet and the anatomy of the digestive organs. We are not acquainted with Dr. Culverwell's anatomical attainments, but we have shewn elsewhere that the President's knowledge of anatomy is

not of the first order. Next in importance comes the classical Registrar of the College, Dr. F. Hawkins, who says he is Physician to the Duke of Cambridge and the Duchess of Gloucester, and that he is the author of *Lectures on Rheumatism*, and the *Oratio Harveiana*. Knowing the Doctor's aristocratic predilections, we can forgive him for placing the honorary before the intellectual, but *horrendum dictu*, the learned Dr. Quin is guilty of the same weakness, for he says he is Physician to the *Duchess* of Cambridge, and translator of "*The Materia Medica Homœop.*"

In this strange catalogue following the homœopathists, are mesmerists, hydropathists and aurists; writers on domestic medicine, family medicine, sea chests, and London milk.

Then we have late commissions of lunacy, and superintendents to lunatic asylums; surgeons to iron works; female musicians; fire brigades; infant and travellers schools; Polish refugees, militia, police, and parish unions. But the most prominent figures in this chaotic mass, this rudis indigestaque moles, are the psychological doctors. These gentlemen appear to labour under the monomania modestiæ, and we especially refer our readers to the names of Doctors Southey, Munro, Morrison, Philp, and Sutherland, *all Fellows of the College of Physicians*. Dr. Southey, now a Censor of the College, late Commissioner of Lunacy, author of Pulmonary Consumption, does not tell us where he obtained his degree? Dr. Munro has been three times Censor, Consiliarius and Harveian orator. We are curious to know how many votes raised him to these honours? Dr. Morrison is the author of several treatises on Mental Diseases. Dr. Philp says, he is Physician to the Kensington House Asylum, but according to the list of Metropolitan licensed houses, it is Dr. Philp's own establishment, and we find in the same list, the two Sutherlands and Dr. Munro, the proprietors of private madhouses. Dr. A. J. Sutherland is stripped of some of his titles. In the Commercial and Street Directory, he is F. R. S. and F. G. S., but here these letters are denied him, and the "*Annales Medico-Psychologiques*" are excluded. He says, however, he is contributor of *Clinical Lectures on Insanity* in the *Medical Gazette*, 1845. Three lectures are published, the number of pupils is not stated; but we mention these lectures to show the absurdity of the present arrangement; a good paper in a medical journal is excluded, whilst lectures, which do not contain one practical suggestion or original notion, are inserted. Big books are sometimes more profitable to publishers than to readers, and a short paper in a medical periodical, may contain more that is really useful to the practitioner, than half the folios that see the light. Some latitude, as we said before, is to be given to contributions in future! But who is to decide this knotty point? If this Directory is to receive the support of the profession, the most rigid impartiality must be observed, and the greatest care must be taken to avoid error. Mistakes are numerous in the present volume; thus take two names in succession, Headland, and Heale. The date of Mr. Headland's surgical diploma is not inserted, and Dr. Heald's degree is omitted, as are those of Doctors Cobb, Golding, Oldham, Southey, Thompson, Alfred Taylor, and others. Dr. Munk was gazetted a *fellow* of the College of Physicians, and Mr. Hosegood, late of Blackman-street, has been dead these six years. The residence of the Chandos Professor, at the

University of St. Andrew's, is said to be in Upper Seymour-street. The productions of Mr. Yearsley, the reputed part proprietor of the work are not forgotten, and he states that he is Aurist to the Queen Dowager, although this illustrious lady's death was announced five or six weeks before the appearance of the publication.

But we now come to the gist of the matter, and to the practical bearing of the subject. In June, 1849, we made an analysis of the London Medical Directory. The numbers for the present year would, of course, differ to a slight extent, but the labor is too great to induce us to undertake a second examination, and no important good would result from it. In London and the suburbs there were 2,567 practitioners; about 275 are practising as physicians, and probably about 90, who call themselves Pure Surgeons, but of these the greater number prescribe in all cases. The remaining 2,262 are general practitioners. Of the 2,567, 1,670 are members of the College of Surgeons of London (of these 935 are members of the Apothecaries Company, also; 536 are practising with only the College of Surgeon's diploma; the remaining 199, in addition to this diploma, have taken degrees at British and Foreign Universities) 251 are licentiates of the Apothecaries Company only; and of the remaining 281, 71 were in practice before 1815. 150 have refused to state their qualifications, and the rest, (215,) are variously qualified. 538 of the above have obtained degrees from British or Foreign Universities. Cambridge, 46; Oxford, 26; London, 63; Dublin, 18; Edinburgh, 171; St. Andrew's, 61; Glasgow, 39; Aberdeen, 22; Foreign Universities, 92. In our next we shall proceed with the review of the Provincial Directory.

SKETCHES OF THE MEDICAL TOPOGRAPHY AND NATIVE DISEASES OF THE GULF OF GUINEA, WESTERN AFRICA. BY WILLIAM F. DANIELL, M. D., ASSISTANT SURGEON TO THE FORCES. 8vo. pp. 200. London: S. Highley, 32, Fleet-street.

AFRICA has been truly called the white man's grave, and the author of these sketches, if any additional proof were wanting to show the correctness of the assertion has afforded abundant evidence. He says,

"I may remark in this place, that an estimate may be formed of the mortality from the fact, that out of near forty travellers in Africa, no less than two-thirds have fallen a sacrifice either by disease or the treacherous hostility of the natives. Among those who have perished in the Bights and the central countries in communication with them, may be enumerated Mungo Park, killed at Boocsa; Clapperton, who expired at Sakkatoo; Nicholls, in Old Calabar! Belzoni, Agatto; Lander, Clarence; Colthurst, Old Calabar, &c., all of whom, with the exceptions of Park and Lander, died from endemic maladies.

Again, when he visited the Benin river in 1839, two vessels were lying near its mouth; one of which within the space of five months had buried two entire crews, a solitary person alone surviving; the other lost one half of its men. In 1841 in the Bight of Biafra, almost every white person on board the Government steamers, the Albert, Soudon and Wilberforce, in the space of seven weeks, was prostrated by sickness, the mortality amounting to fifty-three men. In another instance, out of 48 persons, only 4 survived. In the Rio Bonny considered to be the least insalubrious river of this Bight, the deaths among the white crews seldom exceed twenty-five per cent. The author appears to think that impaired constitutions and dissipated

courses, serve more to swell the list of mortality than climatorial alternations, and he intends to revert to this important subject in a future series of communications. We trust Dr. Daniell will not long defer these promised communications, for our readers will agree with us, that a more philanthropic subject could not engage his attention. The important question is ; how can this mortality be prevented ? What hygienic means can be adopted to preserve Europeans from this vast amount of disease and death ?

The following abbreviations will be interesting to our readers. The *Adansonia Digitata* a magnificent tree in Bornou, Congo and Bambarra is employed by the negroes in various maladies. The *Capsicum Frutescens* is used as a counter irritant ; the *Cucurbita Citrullus* is highly esteemed by the natives for its antiseptic, refrigerant and antifebrile effects. The people in some parts have a decided aversion to surgical operations, and would rather die than submit to amputation. Female circumcision in Ebo and Old Calabar is undertaken by aged females. Cupping is practised by making incisions with a razor, and applying a calabash, the air being exhausted by means of burning paper or cotton. In Fernando Po, venesection is performed by making a vertical section on both sides of the vein, which is divided transversely on the point of a spear.

The Venereal disease, according to the author, is fearfully prevalent, and often fatal for the want of proper treatment. Dr. Daniell says, in speaking of the Bight of Benin,

"Pleuritis, pneumonia, phthisis pulmonalis, with other morbid conditions of the parenchyma of the lungs, are of greater frequency during the cold rainy months, and are accompanied by more vascular excitement than in the similar affections that occur in dry. Dysentery, diarrhoea, colic, and numerous disorders of the chylopoetic viscera, may be also more prominently noticed in the rainy months. Phthisis and dysentery are the most fatal complaints in low marshy localities, and carry off numbers of the aged and debilitated slaves."

We are surprised at the prevalence of Phthisis among the old slaves, as this disease in the aged is comparatively rare in Europe. We have been told by Mr. Moffat, the South African Missionary, that he has seldom met with a case of Phthisis in any of the countries he visited.

In the Bight of Benin intestinal worms are very common ; but the introduction of European salt has diminished their number. Organic diseases of the liver ; dyspeptic and nervous disorders, from the immoderate use of ardent spirits are on the increase. Variola occasionally sweeps off two thirds of the inhabitants of those villages exposed to its pestilence. Enlargement and hepatization of the spleen in some districts are common, as the sequelæ of remittent fever. Cataract amongst the natives of the Quorra is very prevalent. Maniacal and idiotic affections are rare in the Bights. Hernia is not uncommon among the slaves, and the umbilical is considered ornamental. Of all the African diseases, dysentery, according to the author, is the most intractable and fatal.

Dr. Daniell states that the members of the medical profession are held in high estimation by the natives. The Doctor, however, does not tell us what rank the "old lady operators" take in the social scale, nor whether among the blacks, as in this country, the chiefs think that the "Boobies of Fernando Po" require a higher amount of medical skill for their bodily ailments than the inhabitants of the Bights of Biafra ?

If we were disposed to be hypercritical, we could find fault with the desultory manner in which some important subjects are treated by the author ; but this book we are told is the pioneer of a larger volume ; and when we take into account, the enervating and depressing influence of an African climate, we think Dr. Daniell deserves the thanks of the profession for his exertions in this department of medical literature.

LONDON MEDICAL EXAMINER.

APRIL, 1850.

THE PRESENT STATE OF THE MEDICAL PROFESSION IN THE UNITED KINGDOM.

THERE are no people on the face of the earth who know so little about the qualifications of their medical attendants as the subjects of Her Britannic Majesty. Talk to John Bull about food and commerce and you excite his interest and attention ; ask him about Blair's Pills and Holloway's Ointment, he has heard of them, and perhaps tried them both ; mention legitimate medicine to him, and he is fairly at his wits' end : he knows not the difference between a physician, surgeon and general practitioner, and this ignorance extends to almost every rank of society. The following extract from the Morning Herald, during the late epidemic, is a good example. The writer, after trying very properly to soothe the public anxiety, says—

"The patient can have a Bright, Paris, Latham, Southey, Elliotson, Seymour, Marshall Hall and Prout ; that he can have the aid of Brodie, of Hammick, of Guthrie, of Stanley, of Keate, and of numerous others as able though not so celebrated as physicians, surgeons, and general practitioners."

As a vast number of the members of our profession are ignorant of its present condition, we purpose first to endeavour to enlighten them upon this subject, and then to suggest a practical remedy for the incongruous and chaotic state of things that now exists. It must be apparent to all, that it is the duty of a good government to provide an efficient class of medical practitioners for the people ; it must also be clear to the meanest capacity, that if an examination is necessary at all, it ought to include both medicine and surgery ; that these two sciences are one, and indivisible ; that a disease so called "surgical" to-day, may be "medical" to-morrow ; that the knife in many cases should only be resorted to when internal treatment has failed, and that a surgeon should be well acquainted with the condition of the heart, arteries, lungs, kidneys, and other viscera before he subjects his patient to a dangerous operation. Of two of the Examining Boards of England—the College of Surgeons and Physicians—one sends forth sawyers, plasterers and joiners for the outside of the building ; and the workmen from the other shop, are to attend to the repair of the inner apartments. Now it so happens that the plasterers and joiners out of their own workshops, (the hospitals) undertake all repairs, though not free of the craft. The inside workmen, on the other hand, are too often puzzled with holes and rents in the outer walls which they are unable to mend. But the living house, differs so materially from the house we live in, that one breach or flaw affects the whole habitation, and there is such a sympathy between all the apartments, that one cannot be materially out of repair, without deranging the rest ; and hence the necessity of compelling the workman to learn all the arts, and then follow that which his taste or his circumstances may make most desirable. To a medical man the above comparison may appear superfluous, but as this article may be read by some unprofessional persons, who take an interest in medical reform, we are anxious to make the subject intelligible to all. The following account of these diploma shops, and the price of parchment at each, will place the matter in a clearer light before the reader, who must also under-

stand, that these bodies all require different curricula, and many of them have jurisdiction over certain localities. Thus, a circle of seven miles is drawn around London; and provincial physicians are not allowed to practice within this circle, unless they undergo another examination at the College of Physicians, and this monstrous absurdity, was defended before the Parliamentary Committee by the President of the College, Dr. Paris, on the ground "that a higher order of physicians should be secured for the metropolis." The greater number of these establishments have thought only of their own narrow circles, and petty interests, and like the cobbler in the fable, "Nothing like our parchment" has been their cry. Some of their acts have equalled those of eastern despots; thus the members of the College of Surgeons, who passed the same examination as the counsellors, were compelled to enter their own College at the *back door*, and about twenty self-elected individuals assumed the right of dictating to the 10,000 members whose remonstrances they treated with scorn and contempt. Many of these men have not only been well remunerated as examiners, but they have put money into their pockets by compelling students to pay for certain lectures which they delivered, and also for attending hospitals to which they were physicians or surgeons.

And now for the establishments that exist in the United Kingdom for granting diplomas in medicine and surgery. We have obtained the following information from various sources.

ENGLAND.—The Archbishop of Canterbury, the fee not known. Universities: Oxford, M.B. 23*l*, M.D. 40*l*; Cambridge, M.B. 11*l* 6*s*, M.D. 11*l* 12*s*; London, M.B. and matriculation examination, 10*l*, M.D. 10*l*; College of Physicians, licence, 56*l* 17*s* including 15*l* stamp. Fellowship by "scratching," ballot, and recommendation of the President, 51*l* 1*s*, including 25*l* stamp; extra licence for rural physicians out of the prescribed circle, 24*l* 18*s*; College of Surgeons, 21*l* for the membership; and an additional 10*l* for the fellowship; Apothecaries Company, London, and within ten miles, 10*l* 10*s*; other parts of England and Wales, 6*l* 6*s*; an assistant's certificate, 2*l* 2*s*.

IRELAND.—University of Dublin, M.B. 11*l* 15*s*, stamp 6*l*; M.D. (no examination) 22*l*, stamp 6*l*; if the *parchment* be obtained, 10*l* extra must be paid for the M.B. and M.D., and this is called the testimonial. An extra charge of 5*l* is also made for the elective franchise for a Member of Parliament for the University of Dublin. College of Physicians, license 30*l*, fellowship by ballot 45*l*, including stamp 25*l*. College of Surgeons (examinations public), licentiates pay 10*l* 10*s*, and registered pupils, 26*l* 5*s*, provided they intend to reside ten miles from Dublin. Fellowship; licentiates 21*l*, registered pupils, 36*l* 15*s*, provided they intend to reside in Dublin, or within ten miles. Apothecaries Company, 16*s*. Queen's Colleges, recently established, viz. Cork, Belfast and Galway; matriculation examination, 3*l*; for the degree of M.D. exclusive of stamp, 5*l*. The Queen's University in Ireland, M.D. 5*l*. A diploma or certificate of attendance is also given at the Dublin Lying-in Institution, but no examination is required.

SCOTLAND.—Universities, Edinburgh, M.D. 25*l*; St. Andrews, M.D. 25*l*. 3*s*.; Glasgow, M.D. 25*l*; Aberdeen, M.D.,

King's College, 26*l.* 5*s.* 6*d.* ; Marischal College, 10*l.* 10*s.* College of Physicians, Edinburgh ; those belonging to this College are called Fellows, and are elected by ballot, a majority of three-fourths being necessary for the election of the candidate. Only graduates of foreign universities are required to undergo an examination, and this law is not always observed. Fee for a resident Fellow, 130*l.*, for a non-resident 80*l.* Faculty of Physicians and Surgeons, Glasgow, fee, 7*l.* 7*s.* College of Surgeons, Edinburgh, Fellowship, entrance money, 250*l.* ; apprentices of Fellows, 100*l.* ; Member's fee, 7*l.* 5*s.* ; apprentices of Fellows, 1*l.* 5*s.* ; other apprentices, 2*l.* 16*s.* 6*d.* For an assistant Surgeon's diploma for the navy, (without previous qualification), 4*l.* 19*s.* 6*d.* For those who have certificates, 3*l.* 18*s.* 6*d.*, and those having the diploma of the College pay, 2*l.* 17*s.* 6*d.* Glasgow ; the degree of Magister Chirurgiæ, 10*l.* 10*s.* The privileges of the College of Physicians are confined to the old town of Edinburgh. The Faculty of Physicians and Surgeons of Glasgow has jurisdiction over four counties ; the College of Surgeons of Edinburgh over eight ; and nearly one half of the population of Scotland is not under corporate control. It should also be known that a Scotch diploma does not qualify a man to practise in England or Ireland, and vice versa.

Let the reader now pause, and ask himself whether he is living in the nineteenth century, and whether the dark age has really passed ? What would he think if some of the clergy were licensed to preach only in certain districts, and if barristers and attorneys were compelled to pursue their avocations within chalked lines ? What would he think of metropolitan and rural theology—of city law and country law ? But let us contrast this state of things with that which exists in France, a country numbering a population of thirty-three millions. There, there are only three Faculties of Medicine that grant degrees, Paris, Montpellier, and Strasburg, and all candidates are, in addition to the degree of Bachelor of Letters, compelled to take one in Medicine and Surgery, and then practice as they please. The students obtain their posts at the hospitals by examination, and the hospital appointments are obtained by concours, or public competition, so that all drones are kept out of the hive. The examinations are not only open to the members of the profession, but to the public at large. In France there is uniformity of qualification, and the same title ; but observe the diversity of titles and qualifications in this country. In our first number, (March 1.), we gave an analysis which we made of the London Medical Directory, and of the qualifications of the 2,567 metropolitan practitioners for 1849. We now give an analysis of the Provincial Directory, (which has cost us immense labour,) and the reader will be able to draw his own inferences as to the necessity for a *sweeping* measure of medical reform. Let him, whatever his political opinions may be, banish from his mind the hacknied expression "vested rights." The man whose open drain, or cesspool, is scattering death around might as well use the same argument. But to whom do these rotten corporations belong ?

Before giving the following analysis of the Provincial Medical Directory for the present year, we must beg the reader to keep in view the relative population of the three countries, England 15 millions, Ireland 8, and Scotland 2½ millions. Another important fact must be

borne in mind, viz. that a man's proficiency must not be estimated by the number and quality of his titles, for as examinations are at present conducted, a gentleman with one diploma may be in many instances a better practitioner, than others who have three or four. Of the 1408 without titles, many were in practice before the year 1815 ; but the great majority we believe are so disgusted with medical affairs, that they have refused to give their qualifications ; it is probable that a vast number (not including the host of illegal practitioners) are not mentioned in this Directory, and army and navy surgeons are not included. Some of our readers will think with us, that before the ministers introduced a medical bill, they should have obtained the qualifications of all the practitioners in the united kingdom ; and this return might easily have been made, with very little expense, by the registrars of births, deaths, and marriages.

The Provincial Directory contains the names of 8,380 practitioners, and they are thus qualified. Degrees : Lambeth 4, not including Sir C. Clarke. Oxford 14 ; of these 12 are M.D. and 2 M.B. Cambridge 62 ; 44 of these M.D., 17 M.B., and 1 L.M. London 59 ; of these 25 M.D., 34 M.B. Dublin 24 ; of these M.D. 14, M.B. 9, L.K. and Q.C. 1. Edinburgh 535 ; and 211 of these possess no other qualification. St. Andrews 118 ; Glasgow 99 ; Aberdeen 64 ; Foreign degrees 103 ; London College of Surgeons and Apothecaries 3,698 ; College of Surgeons alone 1,127 ; Apothecaries Company alone 787 ; London Hall, College and Edinburgh Surgeons 9 ; London Hall and Edinburgh Surgeons 60 ; London Hall and College and Glasgow Surgeons 4 ; London Hall and College and Dublin Hall 4 ; London Hall and Glasgow Surgeons 10 ; London and Glasgow Surgeons 3 ; London and Edinburgh Surgeons 17 ; Edinburgh Surgeons alone 113 ; Dublin Surgeons alone 14 ; Glasgow Surgeons alone 32 ; London College of Physicians without any other named qualification 12 ; in practice before 1815, or diplomas not stated, 1,408. The Irish diplomas amount to 42 ; the Scotch to 1,064 ; the Foreign to 103 ; and 596 are practising with Irish, Scotch, or Foreign qualifications alone.

COLLEGE OF PHYSICIANS.—It is well to state that the licentiates and extra licentiates do not undergo the "*same examination*," and the extra licentiates used not to average more than three yearly ; but when Sir James Graham's bill was proposed there was a rush made to the College of Physicians ; the candidates had but one examination, and that not of a very searching character ; inferior we believe to the examination of the Apothecaries Company. Many of these extra licentiates are now in general practice and prepare their own medicines. We cannot state how much these gentlemen added to the empty coffers of the College. The 192 licentiates and extra licentiates are thus qualified in addition to the license. Oxford 5, all Fellows of the College ; Cambridge 22, 15 of these Fellows ; M.B. not stated, 1 ; Berlin 1 ; Leyden 1 ; Edinburgh 31 ; London College and Hall 42 ; St. Andrews and London Hall and College 5 ; Aberdeen and London Hall and College 4 ; Philadelphia and the London Hall 1 ; Edinburgh M.D. and College of Surgeons 5 ; Erlangen and the London Hall 1 ; St. Andrews and the London Hall 1 ; Glasgow M.D., and College of Surgeons 2 ; Edinburgh M.D. and

the London Hall 1; London College of Surgeons only, 19; Erlangen and the London College and Hall 1; Edinburgh Surgeons 2; Erlangen and College of Surgeons 1; Erlangen 1; Dublin 1; Apothecaries Hall 3; Pisa and the London Hall and College 1; Paris and College of Surgeons 1; Edinburgh and the London Hall and College 4; St. Andrews and the London College of Surgeons 1; Lambeth 2; Dublin College of Surgeons 1; Gottingen and the London Hall and College 1; Bowdoin U. S. 1; Pennsylvania 1; Aberdeen M. D. 2; St. Andrews M. D. London Hall and Edinburgh Surgeon 1; Lugd. Batavia 2; one of these London Hall and College; Glasgow M. D. and the London Hall and College 2; St. Andrews M. D. 1; Glasgow M. D. 1; Jena and our Hall and College 1; Edinburgh M. D. and the London College of Surgeons 3; Heidelberg and London Hall and College 1; London M. B. 1; M. D. and London College of Surgeons 1; M. D. and London Hall 1; and 11 of the 192 have no named qualification. Of the above gentlemen 92 are not privileged to put M. D. at the end of their names; 15 have foreign degrees and 2 have been dubbed Drs. by the Archbishop of Canterbury; the remaining two who have been so honoured are fellows of the College of Surgeons.

COLLEGE OF SURGEONS.—It will be seen that 1,127 are practising with this diploma *alone* in the country, and 536 in London. Of the Honorary Fellows and Fellows by examination, the majority have not a medical diploma. What a monstrous absurdity, the very cause that *should have* insured their rejection, induced the Council of the College of Surgeons, we suppose, to elect them Fellows! A member of this College when he becomes a Physician should pay 10*l.* as a kind of purgation and absolution from surgical knowledge! This College does not require that its members should be able to write a common prescription.

APOTHECARIES COMPANY.—3,698 are members of the London College of Surgeons also, and an additional 787 have the Apothecaries' diploma only; others are members of the College of Physicians, fellows of the College of Surgeons, and many have degrees from British and Foreign Universities.

UNIVERSITY OF EDINBURGH 535.—Of these 211 have this degree *only*. 105 in addition have the diploma of the Edinburgh College of Surgeons. 31 are Fellows or Licentiates of the London College of Physicians. 85 are members of the London Hall and College, and 3 are Fellows of the Edinburgh College of Physicians. 64 London College of Surgeons. 9 London Hall, and 1 Dublin College of Surgeons. 17 London Hall, and Edinburgh Surgeons. Of these 1 B. A. Dublin, and 1 Dublin Surgeon. 4 College of Surgeons London and Edinburgh. 2 London Hall, and London and Edinburgh Surgeons. 1 Edinburgh and Glasgow College of Surgeons. 3 Glasgow College of Surgeons, or Faculty. 2 London Hall, and Edinburgh and Glasgow College of Surgeons. 1 Edinburgh and Dublin College of Surgeons. 9 others are Fellows or Licentiates of the London College of Physicians.

UNIVERSITY OF ST. ANDREW 118.—64 of these in addition to the degree of M. D. are members of the London Hall and College, and 1 of these B. A. Dublin. 25 London College of Surgeons, 2 of these Fellows of the College of Physicians, Edinburgh. 11 London Hall, and one of these B. A. Dublin. 6 Edinburgh College

of Surgeons, 9 have this degree only. 1 Fellow of Edinburgh College of Physicians, 1 licentiate of the London College of Physicians, and 1 B. A. Dublin. Of the above, 9 are licentiates of the College of Physicians. What a refutation of the Parliamentary Evidence given by Messrs. Lawrence, Brodie and Guthrie respecting this University!

UNIVERSITY OF GLASGOW 99.—33 have this degree only. 3 of these M. A., and 1 M. C. Glasgow. 19 London Hall and College of Surgeons, and 1 Dublin Hall. 16 London College of Surgeons, 2 of these M. A. 7 Edinburgh Surgeons. 12 London Hall, 2 Dublin Surgeons, 10 Faculty of P. and S. Glasgow. 5 of the above are licentiates of the London College of Physicians.

UNIVERSITY OF ABERDEEN 64. 34 of these in addition are members of the London Hall and College, 12 London College of Surgeons, and 1 of these F. C. P. E. 6 London Hall. 2 College of Surgeons, Edinburgh and London Hall, 2. 10 have the M.D. degree only. 6 of the above are Licentiates of the London College of Physicians.

Foreign degrees 103. Erlangen, 23. Giessen, 19. Heidelberg, 12. Leyden, 9. Paris, 5. Jena, 5. Pisa, 4. Berlin, 3. Gottingen, 2. Munich, 2. Louvaine, 2. Lug. Batavia, 2. Leipsic, New York, Padua, Malta, Copenhagen, Canada, Holstein, Coimbra, Pennsylvania, Bowdoin, Rostock, Gromergen, Harford, Genoa, Philadelphia, each one. The reader must recollect that the unjust and exclusive corporations of England, have driven men to Scotland and to the Continent to procure degrees.

Now let us suggest a remedy for this monstrous evil, which we venture to assert no man unconnected with the corporations dares *openly* defend.

1. That a Faculty of Medicine shall be formed in England, Ireland and Scotland, and that each Faculty shall be composed of all the legally qualified practitioners who belong to the Universities, Colleges or Halls of the respective countries.

2. That all who enter the medical profession shall, *after five years*, undergo a preliminary examination in mathematics and the English, Greek and Latin languages. The examiners to be appointed by government, and not members of the medical profession.

3. That the Medical Senate, or Examining Board, shall be at once formed of eighteen members, who shall be elected in the following manner. The six examiners in the practice of Medicine, Pathology, and Medical Jurisprudence, by the fellows, members, licentiates, and extra licentiates of the College of Physicians, and all the graduates of British Universities who *practise as physicians*. The examiners in Anatomy, Physiology and Surgery, by the members of the College of Surgeons of London, and the graduates of the University of London. Six examiners in Chemistry, *Materia Medica*, Botany, Midwifery and Diseases of women and children, by the graduates of the University of London, the members of the Apothecaries' Company, and all in practice before 1815, who register as general practitioners, excepting those who keep shops and openly trade in drugs.

4. That the examiners shall not be teachers, and shall receive a fixed salary.

5. That every candidate for the diploma of the Faculty shall undergo four examinations, and that there shall be an interval of six months between each. The first examination in Anatomy and Physiology; 2nd. Chemistry, *Materia Medica*, Midwifery, Diseases of women and children, and Botany; 3rd. Practice of medicine, Pathology, and medical Jurisprudence; 4th. Surgery.

6. That no candidate shall be allowed to present himself for the first of these examinations until he is twenty years of age, and has undergone such preliminary examination and course of study, as the said Faculty shall direct.

7. That the verbal examinations shall be open to every legally qualified practitioner.

8. That all persons examined and admitted members of the said Faculty, shall receive the title of Doctor of medicine and surgery.

9. That the six examiners appointed by government for the preliminary examination, and the eighteen last mentioned examiners, shall constitute the Senate of the London Faculty of Medicine.

10. That the Faculties of Ireland and Scotland shall be elected as before mentioned, and that all members of these Faculties shall be privileged to practice in any part of Her Majesty's dominions.

11. That the said medical Senate shall regulate all matters relating to the price of the diploma, the charge for attendance upon lectures and hospital practice, subject, however, to the control of government.

12. That the Senate shall be empowered by law to enforce a general registration of all legally qualified practitioners, and to prosecute all those who practise illegally.

The above is only an outline of the plan which we believe could be easily carried out. Many modifications and improvements may be effected, but let the *representative system* be once established, and the matters of detail are of little importance. Some would prefer the election of a general council who should choose the examiners; but this we think would make the matter more complicated and expensive, and might also give rise to favoritism. It is important to bear in mind, that the Apothecaries Company agreed to relinquish their present powers as an examining body, provided their members had a proper share in the formation of the new Institute. According to the proposed plan we think they will be fairly represented. The Editor of the Medical Gazette has lately spoken of the "*scarcely known*" examiners of the Apothecaries Company! Wilful ignorance this, we think! Let us now give the names of the present examiners for the licence of the College of Physicians, namely, Drs. Nairne, Southey, Barker and Jeaffreson. We find no records of the talent and experience of these gentlemen worthy of note. But take three of these "*unknown examiners*" of the Hall, Messrs. Drewitt, Robinson, and Semple. Mr. Drewitt is the author of the best Surgeons' "*Vade Mecum*" we possess; Mr. Robinson obtained two Jacksonian prizes at the College of Surgeons; and we need only refer to Dr. Semple's numerous papers in the Lancet as evidence of his industry and talent. Mr. Hilton at the late Guy's dinner, in speaking of the examination at the Hall, observed, "that he recollected that it used to be said by students, that they did not care for the examination at the College, it was the Hall examination that was the difficult one." We find that from January 1841 to December 1849, 2606 persons have been admitted members of the Apothecaries Company, and beginning with 1841, the following are the number of candidates admitted each year, 368, 328, 338, 313, 264, 230, 265, 246, 254. Let it not be supposed that we are desirous for the continuance of this Company; the *name* alone will condemn it: we are only anxious that its members should take their due share in the formation of the council or examining board of the Faculty.

We next proceed to shew the practicability of the above plan, and that a better examining board can be formed from the *members of the College of Surgeons, the Apothecaries Hall, and University of London*, than from the "*Academical*" Physicians and Pure Surgeons. We assume that the Fellowship of the College of Surgeons confers no additional honor, and that the license of the College of Physicians cannot make a man a *better practitioner*, although like the Carlton Club (in the estimation of some persons,) it may improve his status. In giving the names of the following gentlemen who *might be* selected as

examiners, we have probably omitted several who would be better fitted for the office. It must be recollected that the best of the Provincial Surgeons are in general practice, and prepare their own medicines; that many of the teachers in the Leeds, Hull, York, Manchester, Bristol, Birmingham, Newcastle, Sheffield and Liverpool schools, are also general practitioners; that the majority of the graduates of the University of London follow this department of the profession; that some of the best of our physicians have been in general practice; that nine-tenths of the prize men at our hospitals, many of the Jacksonian prize men, and seventeen out of twenty-one of the Fothergillian Gold Medallists of the Medical Society of London were general practitioners. Before giving the names of some who might be selected as examiners, we must express our opinion that the student should only be examined in "*general principles*," speculative and debateable points should be avoided as much as possible, and all crotchets and theories excluded. We believe some men of experience (so called) are the worst examiners. A student cannot answer from his *experience*; this must be acquired in after life!

Anatomy and Physiology.—Rainey (G.) St. Thomas Hospital, M.C.S., L.A.C.; Hassal (A.H.) M.B. Lond., M.C.S. and L.A.C.; Carpenter (W.B.) M.D. Edinb., M.C.S., and L.A.C.; Hird (F.) F.C.S.; Keyworth (H.) York, M.D. Pisa, M.C.S., and L.A.C.; Brittan, (F.) Bristol, A.B. and M.B. University Dublin, M.D. London, and M.C.S.; Turner (Thos.) Manchester, F.C.S., and L.A.C.; Ellis, (G. V.) London, F.C.S., and L.A.C.

Diseases of Women and Children.—Drs. Waller, Ashwell, and Lever, members of the Hall and College, L.C.P., and all formerly in general practice; Braithwaite (Wm.) M.C.S. and L.A.C. Leeds; Clay (Chs.) M.C.S. Ext., L.C.P. Manchester; Smith (W. T.) M.D. London; Bird (F.) M.D. St. Andrews, M.C.S.; Radford (J.) M.D. Heidel., M.C.S. and L.A.C., Manchester.

Chemistry, Materia Medica and Botany.—Pereira (J.) M.D. Erlangen, M.C.S. L.A.C. and F.C.P.; Garrod (Alfred) M.D. Lond.; Steggall (J.) M.D. Pisa, M.C.S., L.A.C., L.C.P.; Letheby (H.) M.B. Lond., L.A.C.; Herapath (Wm.) M.B. Lond., M.C.S., L.A.C., Bristol; Ansell (T.) M.D. St. Andrews, M.C.S. and L.A.C. London; Brand (W. T.) L.A.C.

Practice of Medicine, Pathology, and Medical Jurisprudence.—Bird (Golding) A.M. and M.D. St. Andrews, L.A.C., F.C.P.; Hughes (H. M.) M.D. Glasgow, L.A.C., and F.C.P.; Parkes (E.) M.D. London, M.C.S., L.A.C., and L.C.P.; Taylor (John) M.D. London, M.C.S., L.A.C. and F.C.P. Huddersfield; Taylor (A. S.) M.C.S., L.A.C., L.C.P. and Drs. Herapath and Letheby before named.

Surgery.—Hilton (J.) F.C.S., L.A.C.; Drewitt (Robt.) M.C.S., L.A.C.; Crosse (J. G.) M.D. St. Andrews, F.C.S., Norwich; Teale (J. P.) F.C.S. and L.A.C., Leeds; Nunnerly (Thos.) F.C.S., L.A.C., Leeds; Clement (W. J.) F.C.S., L.A.C., Shrewsbury; Wickham (W. J.) F.C.S., L.A.C., Winchester; Hey (W.) F.C.S. and L.A.C., Leeds; Bacot (J.) F.C.S. and L.A.C.; Ridout (T.) F.C.S. and L.A.C.

According to the present constitution of the examining boards Provincial practitioners are *entirely excluded*, although they form five-sixths of the profession. Many of these gentlemen if elected examiners would reside in London, and the facilities of reaching the Metropolis are now so great, that residence would not in all cases be necessary.

And lastly, let us now ask how it happens, that whilst reforms in our public institutions are so general, that medical reform still remains in such an unsettled and unsatisfactory a state. We think the question is easily answered. The causes are twofold. First, a *majority* of the House of Commons, composed of men whose education and habits unfit them for taking a liberal and comprehensive view of the subject, who legislate for classes and not for the multitude, and whose minds

are shackled by aristocratic prejudice and pride. We believe that the physician and surgeon of the prime minister would have more influence than the thousands of medical practitioners who have petitioned for the management of their own affairs, and for the representative form of government. The corruptionists have not dared to present *one petition* in favor of the present system, but they work in secret and in the dark. They "earwig" the members of the legislature, who are too ready to listen to their tales of "vulgar invasions," and "moral influence." According to the College of Physicians, 1686, "The profession is not to be invaded by the *vulgar*, which hath been the usual support of the *younger sons of the gentry of this kingdom*." But what petitions have been presented in favour of medical reform and the representative system of government, during the last eighteen months? The Provincial Medical and Surgical Association, consisting of all grades, and numbering nearly 2000 members. The National Institute at first composed of nearly 4000. The associated surgeons of England, 1200. The medical practitioners of Shropshire and North Wales, 380. The Manchester memorial, with 142 signatures. Cheltenham, 40. Besides these, petitions and memorials have been presented from the Gloucestershire Medical and Surgical Association; from the surgeons of Essex; from Wolverhampton, Brighton, Ulverstone, Ashford, Reigate, Faversham, Guildford, Croydon, Rye, Chichester, and other places. Now those who are interested in opposing medical reform say, "The reformers are not agreed among themselves." A cunning device of the enemy! They are all agreed on the *essential point*, viz. the necessity of a representative form of government, and they unanimously condemn the injurious effect of the present system, both as regards the public welfare and the advancement of medical science. But the *second* and most important cause rests with ourselves. The greatest enemies of progression have been in our own profession. Thus the members of the Provincial Medical and Surgical Association, who have been praying for uniformity of qualification and the representative system of government for many years, are hoodwinked by *names* and *titles*, and allow men to steer their vessel 'whose course is not their course, whose port is not their port,' and who, although their *feeble* cry is for One Faculty harbour, would rather run the vessel against the Scylla and Charybdis of Pall Mall and Lincoln's Inn. The members of this Association, at their last anniversary meeting at Worcester, drank success to the Medical Corporations, and feasted and applauded Dr. Burrows, who said in his Parliamentary evidence,—

"That five neighbouring practitioners might club together to ruin a man, although there may be no truth in the charge, and very little evidence to support it. The general practitioner is merely expected to practise his profession. When a physician is called in, in consultation, he is expected to teach. Not necessary that the general practitioner should have a strict knowledge of pathology; and that he has not such severe and complicated cases to deal with as the physician. That the majority of those who enter into the profession of medicine, enter into what is commonly called the lower grade of the profession, and they are persons generally of humble means; their means have not allowed them to obtain an extended education; their preliminary education has generally been very much neglected, and they just get as much medical knowledge as will enable them to fill certain public situations, such as surgeons under the poor law, or assistant surgeons in the navy, or they commence practice in a small way. That if a highly educated gentleman went into a country village,

or into a part where education was not so much diffused, the people would not appreciate those high qualifications, but it would be rather a bar to the success of the individual among that class of persons. That a surgeon does not require so much patient thought and cool deliberation as a physician. That the distinction between the practice of the physician and surgeon is as clear as night and day."

Before the performance of the above farce they expelled from their association Mr. Edwards, for meeting in consultation Mr. Blake, the Taunton pastry-cook, who had passed the College of Surgeons, by means of false certificates. Not one word, however, was said condemnatory of the College, or its examiners! Mr. Edwards, according to the resolution was expelled, only for "habitually consulting with an unqualified person." Now we suspect that many of the 129 gentlemen who were present on this occasion are not *legally* qualified to practise medicine south of the Tweed. And to crown the farce, Dr. Hastings, the President, is not himself, although an Edinburgh M. D., a legally qualified practitioner.

We have now to record a more pleasing example of independence and *honesty* on the part of the members of our profession, and it is one that should teach the College of Surgeons and Physicians a useful lesson! At the late biennial dinner of the gentlemen educated at Guy's Hospital, when the toast of "Prosperity to the Medical Corporations" was given, there was great hissing and confusion, and Mr. Green, the President of the College of Surgeons, and Dr. Paris, the President of the College of Physicians, met with a reception they little anticipated. But whose fault was this? Why the gentlemen who were foolish enough to insult those present, by the proposal of such a toast. On former occasions the Corporate bodies have been drunk separately; the three pills were always swallowed with reluctance; but the bolus, although the Apothecaries Company formed part of it, would not go down, in spite of the coaxing of some of the hospital nurses, who were present. It has been said, that this demonstration should not have been shown at a social dinner, by "*gentlemen*." Bah! *gentlemen* should not be called upon to sanction a falsehood, and the man who will do this, although he may have "the step, attire, furniture, equipage, and garden" so graphically described by Mr. Skey, as characteristic of the gentleman, according to our definition, is not a *gentleman*. During the confusion, Paris —

"Ingemit, et duplices tendens ad sidera palmas,
Talia voce refert."

"The Colleges of Physicians and Surgeons are the pillars of the profession; pull them down, and you will be buried in the ruins." Now fearing this awful catastrophe, we suggest that the Swiney cup, and the gold mace at the College of Surgeons, (which according to Sir E. Home "will always remain the *greatest ornament* of the College,") should be at once deposited in the British Museum, and we hope if any of Mr. Skey's "amphibious animals" escape from the bricks and mortar, that they will re-construct an edifice, on a solid and *useful* foundation,—one worthy of our common country, and of the age in which we live.

For a further insight into the state of the medical profession we must refer our reader to the review of Mr. Skey's Hunterian Oration in our present number.

CASE OF SOFTENING OF THE CEREBELLUM, WITH REMARKS.

By BRAMLEY WHITTLE, Esq., M.R.C.S. and L.S.A., Norfolk-street, Strand-

ON the 12th of Nov. I was requested to visit Miss J., a young lady aged thirteen years and five months, who had been complaining for two or three days prior to my visit, of sudden, frequent, short and acute pains across the crown of the head. I found her suffering from pain which she described as coming on in paroxysms, and confined entirely to the top of the head; pulse 86, tongue white, bowels confined. Ordered brisk purgatives. When I visited her on the 13th she informed me she was quite well, and that the pain had altogether left her: pulse 75, tongue clean, the bowels had been relieved four or five times. On the morning of the 14th I was again sent for: understood the pain had returned in the night. When I visited her she was sleeping, but the conversation in the room aroused her, when she appeared fretful and hysterical, and told me, "she knew talking would bring on a return of pain:" tongue clean, pulse 76, soft and compressible, head cool, skin in a healthy condition, bowels had been relieved twice. I saw her again in the afternoon, when she informed me "the paroxysms of pain had returned four or five times since I visited her in the morning, but that she found speedy relief from firm pressure with the hand on the top of the head." At 11 p.m. she was sleeping tranquilly when I called, and I would not have her disturbed. On the 15th reported she had passed a tolerable night, but was once or twice awoke by pain. She was then quite free from pain, was also cheerful, and all symptoms indicative of disease were absent. When I called at night she was sleeping soundly: heard the pain had returned several times during the course of the day. On the 16th I was informed Miss J. had passed a restless night: she had been quite free from pain for two or three hours previous to my calling upon her. She told me she had made a good breakfast of bread and butter and tea, which she much enjoyed, from feeling hungry. She wished to get up. Pulse still at 75. At night I heard the pain had returned twice during the course of the day. On the 17th she awoke at 3 a.m. with pain, which continued (with an interval of about half an hour between each paroxysm) till 11 a.m. She appeared rather low and hysterical; said she had suffered from pains over the sacrum, which took their course along the inner part of the thighs: pulse 70, languid; tongue clean; bowels regular. I determined on changing my plan of treatment. I had given calomel at bed-time, had ordered a blister to be applied to the nape of the neck, and cold applications to the head: low diet. I requested she might be put into a hip-bath, temp. 98 Fah.: told her to take a mutton chop for dinner, and ordered quinine twice a day. At night I was told she had enjoyed her dinner, and had been tolerably free from pain during the course of the day. She was asleep. As I was about quitting her room she awoke suddenly and began to cry. I placed my hand firmly over the crown of the head, and in less than a minute she was sleeping again. When I removed my hand she awoke again. I requested Miss S. to keep her hand for a few minutes on the top of the head; she went to sleep and did not awake for two or three hours. On the 18th was quite cheerful, had suffered but little from pain: told me she was quite

hungry, and intended eating two dinners. She got up in the afternoon, and was in excellent spirits. I did not see her at night. Early in the morning of the 19th she was frequently disturbed; moaned and cried several times. At 7 a. m. Miss S. who watched her during her illness, went to her bed-side, and put her hand firmly on the head, when she appeared as usual to fall asleep. At half past nine o'clock, finding her unusually quiet, she opened the curtain to look at her, and perceiving a great alteration in her countenance, she became alarmed. I was immediately sent for. When I reached the house I found life was extinct.

Examination of the head thirty hours after death.—The cranium well formed and of the usual thickness. All the membranes of the cerebrum much injected, though otherwise healthy; the sinuses being unusually full of dark fluid blood, which also trickled copiously from the spinal canal while the examination lasted. Both hemispheres were in a corresponding state of turgid congestion; many red points appearing on the cut surfaces, the contrast between the grey and white matter being very strongly marked. The congestion appeared to be venous, and such as might have occurred in articulo mortis, or even after death, as the blood had not coagulated. The ventricles were somewhat expanded, each containing three or four drachms of serum. In other respects, and particularly in its texture, the cerebrum presented a good specimen of healthy brain, and was sufficiently and uniformly firm. The membranes of the cerebellum were healthy and by no means injected like those of the cerebrum. The left hemisphere was bloodless, paler throughout, and somewhat softer than natural; the difference in colour between the grey and white matter but faintly marked. The right hemisphere of the cerebellum was so completely altered that the laminated structure was scarcely any where traceable. The whole central portion was converted into a soft opalescent mass like thick barley water, and scarcely more consistent, containing firmer portions, like clots of cold starch: one of these was of a dark red colour, but not of a deep shade, the red colour gradually passing into the white of the surrounding matter. The shelf of less altered cerebral matter enclosing this softened mass, was itself softer and paler than natural, and in one place at the edge so thin, that it had a sort of blown-up, vascular appearance, like the edge of an emphysematous lung. The crura, pons, and medulla oblongata were not diseased, but paler and somewhat softer than usual. No tubercles nor apoplectic cells, no purulent nor albuminous deposits, and no membranous thickenings nor opacities were anywhere discovered. [The rest of the body was not examined.]

Remarks.—The peculiarities of this case arise from the want of those symptoms which usually indicate cerebral disease. From the commencement of the attack there was neither sickness nor nausea; the pulse, even during the paroxysms of pain, never exceeded 90; the skin was soft and of a natural temperature; the pupils were neither contracted nor dilated, but always appeared natural; and the conjunctiva rather pale than red; no incoherence of language, but on the contrary, during the intermission of pain she would frequently be quite cheerful; although well and *carefully watched*, no slight paralytic symptoms were observed, and no convulsive action took place in any portion

of the body. The pain which was acute while it lasted, would sometimes leave a dull heavy sensation over the scalp, while at other times the transition from pain to perfect ease would be as sudden as the attack, and she would often fall quietly asleep. On the 21st of June she had scarlet fever: the eruption appeared on the second day. The febrile symptoms were far from severe. She had but little headache, and was confined to her bed only two days. As soon as she was better she went into the country, where she remained between three and four months, and was during that time in good health. The fever was not succeeded by any dropsical symptoms. I was led to conceive owing to the premature developement of the breasts, and my attention being moreover drawn to the subject by the parent, that the catamenia were about to appear for the first time; and this impression was strengthened by the young lady's complaint during the illness which carried her off, of wandering pains in the lower part of the back and along the front of the thighs: and these circumstances among others induced me to think it not improbable that the affection of the head was of the nature of *clavus hystericus*.

ON SPONTANEOUS RUPTURE OF FALLOPIAN AND OVARIAN CYSTS.

By EDWARDS CRISP, M.D., Physician to the Metropolitan Dispensary.

WITH the exception of the heart and lungs, there are probably no organs in the body so often diseased as the ovaries; and when we consider the important part they have to perform in the female economy, and the periodical excitations to which they are subject, it is not surprising that their alterations of structure should be various and frequent. Happily however, these abnormal conditions seldom lead to a fatal termination, and a vast amount of disease may exist without materially affecting the duration of life. According to the London Returns of mortality for the last twelve years, 338 deaths have occurred from ovarian dropsy; the average rather exceeding 28 yearly.

The abnormal states of the ovary may, we think, be conveniently arranged under four heads: 1. Displacements, as in some cases of herniæ, in antiversion or retroversion of the uterus, and in adhesions to neighbouring parts from inflammatory agglutination. 2. Inflammation; this may be confined to the peritoneal covering, or the whole substance of the organ may be implicated; the inflammatory action may be local or complicated with hysteritis or general peritonitis. 3. Solid tumours, scirrhus, carcinoma, fungus hæmatodes, gelatinous cancer, fibrous and tuberculous growths. 4. The encysted tumours (by far the most numerous division) vary from the size of a pin's head, to the weight of 60 lbs. These cysts may be single or compound. The most simple are the small pellucid cysts, which appear to be mere enlargements of the Graafian vesicles, and it is probable that these enlargements are the origin of the great majority of the ovarian tumours. The contents of the cysts differ much as regards appearance and composition. The fluid may be serous, gelatinous, a mixture of blood and pus, or sometimes the latter only, and tuberculous

and sebaceous matter with the addition of hair and teeth have not unfrequently been found. Besides the above lesions the ovary may be atrophied or hypertrophied ; ossific matter may be deposited upon its surface, or the greater part of the organ may be converted into bone. The fallopian tube is implicated in many of the forementioned diseases.

My object in the present communication, is to direct the attention of the profession, especially to the spontaneous rupture of the ovarian cysts ; a lesion very likely when the cyst is small to be overlooked ; and one which I believe will hereafter be found not an unfrequent cause of subacute peritonitis, now generally thought to be idiopathic.

I am indebted to Mr. B. Evans, of Trinity-square, for the notes of the symptoms of the subjoined case ; also for giving me an opportunity of seeing the patient during life, and for being present at the post mortem examination.

Case 1.—Mrs. W. *Æt.* 40., a muscular, well-formed woman, the mother of six children, (the youngest three years of age) always enjoyed good health until Sept. 1844, when she had rheumatic fever, which left her apparently free from all disease. Catamenia regular until seven weeks ago, since which they have not appeared. As she experienced slight morning sickness, early pregnancy was suspected. On the 11th of January 1846 she was seized whilst in the water-closet, with sudden and violent pain in the pubic and right iliac regions which continued for three or four hours, and then gradually subsided after she had taken some hot brandy and water. Two aperient pills were given at bed time, which operated freely. I first saw her on the following day when she complained of slight pains in the bowels, without tenderness on pressure ; pulse quiet ; tongue whitish. I ordered six grains of Dover's powder, and a mixture of Tincture of Henbane. 14th. Had continued to improve, said she was quite well, and as I saw no occasion for my attendance, I took leave of her. On Thursday the 15th she was attacked about one o'clock p. m. with the same kind of pain, but of a more violent and excruciating character, and darting through to the back and sacrum ; this was accompanied with frequent vomiting. I saw her at 5 p. m. and suspecting pregnancy, or that something was about to leave the womb, I made an examination per vaginam, the os uteri rather low down, and facing a little backwards ; pulse quick and feeble ; bowels not relieved ; ordered aperient medicine, ammonia and brandy. 16th. Pain and tenderness of the abdomen with sickness ; pulse 160 in the morning, and 150 in the evening. Effervescing medicine, with ammonia and calomel and opium pills ; an enema of gruel and salt. 17th. Anxious countenance, hot skin, sickness ; three bilious motions ; pulse 130 ; secretion of urine abundant. Effervescing medicine with calomel and opium. 18th. Sickness and enormous distension of the abdomen ; pulse 120 ; tongue dry. Passed a tube into the colon, and a quantity of gas escaped. Assafoetida enema ; effervescing draught with hydrocyanic acid ; calomel and opium at bed time. 19th. The sickness had abated ; pulse 120 ; tongue more moist ; sordes on teeth and lips ; the body much reduced in size ; voice and countenance improved ; had passed a large quantity of urine. 20th. No pain or sickness ; pulse 120 ; voice and countenance better. Continued the effervescing

vescing medicine with Hydrocyanic acid. Nine p. m. bowels much relaxed, with pain; pulse 130. A small piece of membranous substance discharged per vaginam. The os uteri soft, closed, and high up. Mr. Crisp saw her with me, and suggested a mixture of aromatic confection and tincture of opium. 21st. Bowels still relaxed; tongue dry but less corrugated; pulse 120 and weak. Sago and brandy. 22nd. Bowels not so much relaxed; in other respects much in the same state. 27th. Since the last date the bowels in spite of treatment have continued relaxed; there is to-day a visible increase of size across the region of the stomach. 31st. Tongue red, and rough, more moist and less glazed; bowels not so frequently moved. February 3rd. Much the same. Dr. Blundell saw her and added nothing to the diagnosis, further than a fancied swelling and firmness in the left iliac region. 5th. 5 p. m. arose for the purpose of evacuating the bowels, when she fainted, but rallied on the administration of wine; was quite sensible, complained of great pain in the abdomen, and died an hour after the fainting fit.

Examination 26 hours after death; Messrs Evans, Dalby, and Crisp present. Body not much reduced; the skin of a yellowish tint. Chest; extensive adhesions of the right pleura, but not very firm: lungs sound. *The pericardium universally adherent to the heart;* (pericarditis 18 months since,) the uniting membrane thin and detached without much difficulty: the heart normal in size and structure. On opening the abdomen the intestines presented a dark appearance from blood stain. Their convolutions were united by recently effused lymph of a yellow colour. The surface of the liver was studded with adherent patches of black blood. In the left iliac region there was a large quantity of dark blood partly coagulated. This appeared to be confined by peritoneal adhesions, and the greater part of it was situated behind the membrane. On removing the blood, a soft elastic body about the size of a walnut was seen. This was covered with peritoneum, and in its centre was a transverse rent, about half an inch in length. The pelvic peritoneum was then carefully detached with the uterus bladder and rectum. The uterus was of its natural size, the inner membrane a little congested. On passing a probe along the left fallopian tube it arrived at the cyst before mentioned; the natural consistence of the peritoneum was greatly altered by the effused blood. A portion of the ovary with one of the corpora lutea remained, but the greater part of the ovary was absent. The soft elastic body before named was composed of coagulated blood encysted by peritoneum; this coagulum as well as that in the abdomen, were *carefully* examined, but no trace of an ovum could be discovered. The uterine veins contained several phlebolithes. The thoracic, abdominal and iliac arteries healthy.

Remarks.—The morning sickness and the disappearance of the catamenia for seven weeks, and the rupture of the fallopian cyst would lead to the inference that tubular pregnancy existed in this case, and that the ovum was discharged into the cavity of the peritoneum; there was a slight discharge of blood from the uterus during the second attack of pain. I carefully examined the blood, but no membranous shreds nor remains of an ovum could be seen; still it is possible that they might, if present, have escaped observation. The husband

of the patient insisted upon being in the room during the examination and therefore we could not make so careful an inspection of the ovary and fallopian tube as we desired. I think it is probable that the tumor was formed suddenly on the 11th of January, and that the rupture and hemorrhage occurred on the 15th; the condition of the effused blood which had remained twenty-one days in the peritoneal cavity is an interesting feature of the case. The most *practical point* connected with the subject is the fact that this patient had for eighteen months the pericardium universally adherent to the heart, and that she was able to follow her usual avocations (which were of an active kind) without inconvenience. Mr. Evans, who often saw the patient, tells me, "that he had no reason to suspect disease of the heart or pericardium." It is not unlikely that this *universal* adherence of the pericardium occasions less inconvenience than when the membrane is partly attached to the heart. I have notes of several cases of partial adherence in young subjects where the heart's action has been very tumultuous.

Case 2.—Nov. 10, 1847, I was requested to see Mrs. C., Beresford street, Walworth, æt. 49, married, but never pregnant, and has generally enjoyed a tolerable state of health. For the last four or five days she had felt slight tenderness over the abdomen, but did not keep her bed, until this morning. She now complains of pain in the abdomen; there is tenderness on pressure especially over the right pubic region; the pulse 80, small and a little jerky; the thighs not flexed and the abdomen not distended; no nausea nor sickness. I ordered ten leeches to the abdomen, and hot bran poultices; a fever draught every five or six hours, and three grains of calomel and one of opium twice daily. On the morning of the following day, the 11th, the symptoms were rather more favourable. I requested the medicine to be continued, and the same number of leeches to be applied to the abdomen. I saw her again at 7 p. m. when all the symptoms appeared to be improved. I was summoned, however, in great haste at 10 o'clock, and found that a few minutes before my arrival she had been attacked with sudden and violent pain in the abdomen. The pulse is now quick and feeble; the extremities cold, and countenance death-like. She gradually sunk seventeen hours from the occurrence of the pain. The bowels were relieved twice soon after the accession of pain, and she vomited only once a few hours before death.

Inspection 24 hours p. m.—Mr. Taylor of Camberwell (who had seen the patient with me) present. The abdomen rather distended; the peritoneal surface of the intestines much inflamed; the convolutions in some places united by soft gelatinous lymph: this lymph in many parts covered the surface of the intestines, and was of recent formation. The peritoneal cavity contained about $\frac{3}{4}$ of a pint of dark chocolate coloured fluid. Connected with the left ovary was a tumor about the size of a man's fist, composed of serous cysts varying in size from a hen's egg to a nut. Attached to the posterior part of this tumor was a larger cyst, half full of the chocolate-coloured fluid before described in the cavity of the abdomen. This cyst would have contained about a pint of fluid, and a recent opening existed at its upper part where the parietes were very thin, and through this aperture, which was about the size of a sixpence, the contents had

escaped. The cyst was inflamed throughout. The uterus of its natural size, and apparently healthy. Other parts normal.

Remarks.—The progress and termination of this case require but little comment. Inflammation of the cyst had existed for several days, and ulceration and rupture were the consequence of the inflammatory action. It is I think probable that no mode of treatment would have saved my patient; but some practitioners who have not quite laid aside the use of the lancet, may fairly ask, whether a large bleeding from the arm in the first instance, might not have prevented the fatal termination?

Case 3.—I saw the subjoined case with my brother, Mr. Frederick Crisp of Walworth, a short time before death, and was present at the inspection of the body. The outlines of the case are as follows: M. A. æt 40, unmarried and generally healthy, had been under the care of a medical man for several months with ulcers of the legs. An ointment composed of ten grains of extract of hemlock to an ounce of elder ointment, was changed occasionally for an ointment consisting of lead plaister, wax and lard, the proportion of lead being very small. The menstrual functions had been irregular for some time. My brother was first called to the patient at midnight on the 12th of February, 1849. She had been indisposed for a few days. The chief symptoms were rigors, small quick pulse, and great depression. On the following day she was much in the same state. On the 14th when I visited her she appeared to be suffering from subacute peritonitis of a mild form; there was slight tenderness over the lower part of the abdomen; the pulse was rather small and feeble; no sickness had occurred, and the thighs were not flexed on the abdomen. The countenance anxious, and the aspect of the case unfavourable, although no prominent symptom existed. Soon after my visit a sudden change took place; there was great increase of pain, and she died in a few hours. The treatment consisted in the application of hot bran poultices to the abdomen; small doses of calomel and opium, with febrifuge medicine.

Autopsy, 15 hours p. m., Messrs. Taylor, Edwards and Crisp present. External appearance of the body, natural. A large bronchocele had existed for several years. The contents of the chest normal with the exception of a little puckering at the apex of the right lung with a small cretaceous deposit in the depression. Abdomen; the liver fatty and the left lobe harder than natural. The peritoneum, at the lower part of the abdomen, vascular, and a little seropurulent fluid in its cavity; several layers of lymph on the intestines, but these were not glued together. The uterus small, and its fundus of a rose colour. The ovaries vascular and small; on the right there was a serous cyst the size of a nut which contained a dark coloured fluid, apparently blood and serum. The parietes were thin, vascular, and would probably soon have ruptured. On the left ovary were the remains of a smaller cyst which appeared recently to have lost its contents. There was a small ragged opening, the edges of the rent were red, and adherent to the posterior wall. The stomach and kidneys healthy. The intestines were carefully examined, and no perforation existed.

Remarks.—In this case, as in the last, it is I think not improbable that subacute inflammation of the peritoneal covering of the uterus and

its appendages had existed for a few days, and that the fatal and sudden termination was accelerated by the rupture of the ovarian cyst and the production of more general peritonitis.

The bronchocele weighed about 20 oz. and as far as one case goes, tends to disprove the notion first promulgated, I believe, by Dr. Begbie, in the Edinburgh Monthly Journal, that "these tumours have their origin in an anæmic state of the system."

This article has already extended too far to allow of my adding the statistics of these ruptures, but I will do this in a future number.

REVIEWS.

THE HUNTERIAN ORATION FOR 1850. BY FREDERIC C. SKEY, F.R.S., Member of the Council of the Royal College of Surgeons; Professor of Descriptive Anatomy in the Medical College of St. Bartholomew's Hospital; Formerly Lecturer on the Principles and Practice of Surgery at the Aldersgate School of Medicine; Consulting Surgeon to the Charter-House, Model Prison, the Hospital for Women, and to Various Dispensaries; Late Vice-President of the Medico-Chirurgical Society of London; Assistant Surgeon of St. Bartholomew's Hospital, &c. &c. &c.

Now the plain English of all this is, that Mr. Skey paid Mr. Abernethy £500 or £1,000 as an apprenticeship fee, and this money has obtained him the greater part of the above honors, and so with *id genus omne*. We are anxious to state, that we never saw Mr. Skey until the day of the Oration, therefore could have no prejudice against him, and that we went to the College expecting a message of peace; not one of arrogance, assumption and insult. Mr. Skey is a bold man, he has thrown down the gauntlet, we take it up willingly, and our contest is not for the general practitioner, but for the cause of medical science. If Mr. Skey had not been one of the *council* of the College of Surgeons, we should have been content to have pointed out the one sided view he has taken of medical affairs; but Mr. Skey's assurance, out-Lawrences Lawrence! Before we do battle with Mr. Skey let us give the names of the Hunterian Orators, who have figured on this dark and gloomy stage. Beginning in 1814 with Sir E. Home, the orators were Sir W. Blizard, Messrs Cline, Norris, Dundas, Abernethy, Carlisle, Chevalier, Home, Blizard, Cline, Norris, Carlisle, Thomas, Blizard, Vincent, Guthrie, White, Cooper, Howship, Lawrence, Brodie, Travers, Stanley, Green, Callaway, Babbington, Arnott, South, Lawrence, Green, Grainger, Travers, Hawkins and Skey. *De mortuis nil nisi bonum*, is a motto in every body's mouth, often we think more honoured in the breach than in the observance. The dead whose public acts have been injurious to the community at large, should serve as sign posts to the living. Sir E. Home, the first to make his debut on this theatre, according to the parliamentary evidence of Mr. Clift, burnt ten folio volumes of Hunter's manuscripts, after first appropriating the contents to his own use; no vote of censure was passed upon him by his colleagues, and he continued a member of the council until the day of his death. We have not space for making extracts from the Orations, but if the reader wish to inspect a rich collection of namby pamby twaddle, let him refer to those in the College Library; from "the oyster" of Sir A. Carlisle, the "fostering protection of Royalty," of Mr. Norris, the "gold mace" of Sir E. Home; the "geese" of Mr. Lawrence; the "decensive circle, vital

dynamics and Clerisy of the National Church" of Mr. Green, and the "amphibious link" of Mr. Skey. Mr. Lawrence at the memorable Oration of 1846, was careful to tell his auditors that John Hunter rode from Scotland on horseback, but he omitted to mention that he was the son of a carpenter, "*Odi profanum vulgus et arceo.*" In our estimation this sheds the greatest lustre on his name, but we should never have heard of John Hunter, if his brother William had not been in London, *and we believe that the chilling and blighting influence of the Medical Corporations, have kept many a man of Hunter's industry and talent in obscurity.* We again refer the reader to the above names, and then let him enquire whether there is scarcely one who has been known as an anatomist or physiologist beyond the sound of Bow Bells? As surgeons some few of them have a European reputation. Tell us not what a field *has* produced, but rather what it *might* have produced by proper cultivation and industry! Where are their Hospital records and statistics—where their pathology? Mr. Lawrence and others have instructed their pupils by quoting Mr. Hodgson's statistics of aneurisms, (63 cases.) Why the records of St. Bartholomew's Hospital alone would have afforded better information than *this*. Take almost any subject you will, connected with pathology, either in medicine or surgery, and the Hospital field is barren and unfruitful!

Mr. Skey dedicates his Oration to Lord John Russell, and hopes "that a long time will elapse before our professional services may be personally required by his Lordship." In the preface the Orator speaks of the "low and sordid level that limits our aspirations to the pursuit of gain." Hear this ye money despising councillors! The merits of John Hunter are first set forth, and Mr. Skey has very properly avoided the fulsome eulogy and praise that most of his predecessors have used respecting Hunter's discoveries. We can fully appreciate all Hunter's merits, but the fact is, there is scarcely one of his doctrines that will bear the light of modern investigation. After Hunter's praise the names of Clift, Key, Andrews, Morton and Pennington are introduced. The lengthened allusion to poor Morton showed we think great indelicacy and want of feeling on the part of the Orator. Mr. Pennington's apothecary qualifications are fully exhibited, a kind of sop we suppose to the general practitioners; but Mr. Pennington was taken by the hand by Dr. Pitcairn and hence his success. Look where you will, this foul plague-spot, patronage, mars the prospect. No rising by merit in our profession; uncles, fathers, brothers, and men in power are the elevators of the aspirants to medical honors in this country. Now turn to the biographies of Bichat, Beclard, Boyer, Pinel, Andral, Cruveilhier, Magendie, Dupuytren, Portal, Lisfranc, Roux, Richerand, Pelletier, Louis, Cuvier, Laennec, Velpeau, Malgaigne, Pelletan, and a hundred others in France; these men have obtained their rewards and honors, step by step, and by dint of labor, and talent. Some well deserved eulogies are paid to the memory of Mr. Key; the Orator had not, however, the courage or inclination to quote the words of Mr. Key in the Medical Gazette, of November, 1839.

"A third course, by which alone its strength (the College of Surgeons) can be permanently increased, is to rest its claim for support on the attachment and esteem of its own members. This can only be done by allowing to each member a vote in the election of the members of the Council. Such a measure would

make the college what it has not yet been—a representation of the whole body of surgeons ; instead of being, as it now is, a small self-elected section, taking into its own hands the management of its internal concerns, and the legislation of the whole profession.”

Mr. Skey says, “ With large increased resources the profession of medicine of the present day is a degenerate pursuit.” We deny the truth of the assertion, and defy Mr. Skey to the proof. There is no degeneracy in the Council of the College of Surgeons ; it would be difficult for this body to degenerate. The Orator makes a violent attack upon the gentlemen of the long robe, and he thinks that “ the state of the law exerts an important influence in depressing the rank of the Medical profession.” We cannot quite comprehend this ; but we suspect if some Counsellors were allowed to cross examine the College Council, they would have no difficulty in proving that on the score both of honesty and dignity, they were at least their equals. But the members of the legal profession make the laws, and are more than represented in the House of Commons, whilst medicine has scarcely an advocate in this assembly. Lawyers however have equal rights and privileges, and undergo the same examination, and the highest honors of the profession are open to all. Sir F. Pollock is the son of a saddler. Lord Tenterden, and Sir E. B. Sugden’s fathers were hair-dressers. Lords Stowell and Eldon the sons of a coal-fitter. Lord Langdale was an accoucher. Sir F. Thesiger a midshipman. Lord Campbell and Serjeant Spankie reporters. Sir F. Kelly was a hosier. Mr. Bodkin an auctioneer and furniture broker, and we honor them the more, not the less on this account. Before we quit this subject, we may observe that Mr. Skey, although he condemns the law, has himself taken the part of a special *pleader* ; his Oration reminds us of the Play of Hamlet, with the part of Hamlet left out.

We now give a few extracts : and as it is not fair towards Mr. Skey to take detached parts, we beg the reader to peruse the whole and judge for himself. In speaking of apprenticeships the orator says,—

“ I ask you, whether the rooted injury thus perpetrated by four or more long years of personal servitude, at this most critical period of a student’s life, in which the only distinction discoverable between his lot and that of an ordinary servant, consists in the fact, that he is made the purchaser of his own degradation, does not inflict a wrong on the mind and habits of a youth, which in a very large majority of cases, no future opportunities of study, no future discipline can redress or justify.” “ The general practitioner is an amphibious link between a profession and a trade. For the exercise of his intellect, the law yet awards him a tardy, if not a questionable, remuneration. He is permitted a remunerative profit on the materials of his druggist—on the mechanical agents of treatment, not on the exercise of the judgment that selects them. For his loss of time, or his knowledge, however superior to others, he obtains no certain compensation.” “ If the law awards payment for physic only, of necessity the medical attendant disposes of as large a quantity as is compatible with the digestive capabilities of his patient ; and as this quantity demands some skill and judgment, in this sense, confessedly, his intellect is remunerated. It is not a question how little physic such a person requires, but how much he will take—how much will repay his daily loss of time, for so many days, weeks, or months. His object is to buy in the cheapest market, and sell in the dearest.” “ I do not hesitate to assert that it is impossible in many cases for the medical attendant to be remunerated, but by the resort to means, which high principle must proclaim in his own breast, to be indirect, and even disingenuous.” “ With quite as much reason, might the surgeon claim compensation, in the name of the instruments he employs, *for their services*, after an operation.”

The surgeon who receives his 100 guineas for taking off a leg, is

paid for the use of his instruments and for his *mechanical skill*. As regards the apprenticeship question, and the mode of remuneration, we have no hesitation in asserting that it is a gross libel on the general practitioners of England. Mr. Skey takes the *exception* and not the rule, and we believe and hope that the exceptions even are very rare. A man who sends his own medicine may practise as conscientiously and honestly as one who writes a prescription; and the law, notwithstanding the Orator's assertion, does allow him to charge for attendance. Many of this class charge for visits and send no bills of items; and the drugging system, that our Scotch neighbours are so fond of talking about, is fast getting into disuse. But by whom has this system been fostered and encouraged?—By the old London apothecaries, physicians and pure surgeons, who have too often played into each others' hands. The greatest objection we have to the system is its *secrecy*; there should be no mystery about physic; the dignity of the affair is all moonshine. We recollect taking a patient to the late Mr. John Scott with diseased knee-joint, in the memorable year when no Hunterian orator could be found bold enough to face the insulted members. Mr. Scott was expatiating in Mr. Skey's strain on the undignified system of physic-mixing. The bell was rung, the servant brought in two pots of ointment, the contents of which Mr. Scott spread himself upon leather and applied to the knee: follow Mr. Skey too in his daily rounds, and how undignified must be some of his pursuits. John Hunter himself as an army-surgeon was a general practitioner, attended midwifery, and prepared his own medicines; and we have had in our possession, the day-book which his brother William and Cullen had when they were in partnership as general practitioners at Hamilton, and although it may shock Mr. Skey, many of the entries were for drugs supplied to the Duke of Hamilton's hounds. The Orator grapples with the shadow and avoids the substance. We must have a *properly educated class of Chemists and Druggists*, before this prescribing system can become general, and in numerous districts of England the plan would be utterly impracticable. It is a great consolation to the prescriber, especially in acute diseases, to know that his drugs are good, well prepared, and sent in proper time. And lastly, for the pith and marrow of the Oration, the panacea for all our grievances. According to Mr. Skey the four causes of depression are,—

“ I. The want of high classed education : II. The low standard of medical ethics : III. The present imperfect state of the law : IV. The absence of public and national honours.”

Now we venture to assert that there are not fifty men in the profession who will differ from Mr. Skey on these points. We have been a member of two associations for many years which have advocated improved education (not Oxford and Cambridge), the representative system of government, and equal rights; but what have been our greatest obstacles to the attainment of these ends? The medical corporations, especially the College of Surgeons, and yet Mr. Skey has the assurance to state, that this College has taken the “initiative” on this subject. What a bare-faced assumption! Has Mr. Skey forgotten the University of London? The College of Surgeons now demands a classical examination from some of the Fellows, but does not require the *member* to know a word of Latin. A few years since

a member was obliged to have been six years in the acquirement of surgical knowledge, but now five are sufficient. The truth is, the object both of the College of Surgeons and Physicians has been to make the distinction between the pure and the general practitioner as broad as possible, to encourage the propagation of what they would call the inferior race ; " physicians and surgeons to a certain extent." And now for the standard of medical ethics ! Where are we to look for an example ? Does the Medico-Chirurgical Society afford it ? Can we look to the past or present history of the College of Physicians as our guide ? But especially can we go to Lincoln's Inn Fields for ethical instruction ? Are secret conclaves and Hunter clubs worthy of our imitation ? Should " Household Surgery " be our aim ? We would willingly have been spared the allusion, but Mr. South since writing this work has been elected by the council an examiner and a vice-president. Mr. Skey we expect will soon obtain the same honors ! Mr. South after making his doctor's shop, recommends that " the key should only be given to a clear-headed person." He says,

" The general practitioner performs the functions of the three branches, and of the midwife to boot.....and therefore Her Majesty's liege subjects may be killed and cut up by any pretender, provided they do not send, but only prescribe physic."

The following is a list of the household stuff :—

" Poultrices, Fomentations, Lotions, Washes, Liniments, Ointments, Plaisters, Blood-letting, Blistering, Vaccination, Tooth-drawing, Lancing Gums, Wounds, Hæmorrhages, Scalds and Burns, Chilblains, Broken Bones, Bent Bones, Sprains, Ruptures, Piles, Protruding Bowel, Whitlow, Ingrowing Nail, Bunions, Corns, a Stye in the Eye, Tumors in the Eyelids, Inflammation of the Eye, Pustules in the Eye, Breathing or Respiration, Stiffing, Chafing, Things pushed into the Nose and Ears, Dress, Exercise and Diet of Children, Typhus Fever, Small Pox, and Scarlet Fever."

We wrote on the 16th of January last to ask permission as a *member* to inspect the accounts of this College, and on the 19th of March we were informed that our letter had been placed before the Council. We know not whether Mr. Skey will assist us in several inquiries that we are anxious to make respecting the expenditure. The accounts recently published by the College, afford no useful clue to the members : for example, College department, including Council, Court of Examiners, &c. 5332*l* 2*s* 5*d* : then we have, Museum department, 2613*l* 9*s* 7*d*. Again, Deeds of trust, including Oration, Lectures and prizes, 225*l* 10*s* 6*d*. Is it possible that the members will have to pay for the publication or delivery of Mr. Skey's Oration ? We have an especial reason for wishing to examine these accounts, and the subject is more connected with medical ethics than some of our readers imagine. Mr. Hawkins in the Oration of 1849 stated, that the purchases for the Museum had amounted to nearly 4000*l*. The preparations of Messrs. B. Cooper and Liston (both Councillors) were bought privately, but poor Mr. Langstaff's Museum was put up to public auction, and we were present when Mr. Clift was buying preparations for the College for less than the original cost of the bottles and spirits. One parting word to the general practitioners and *members* of the College of Surgeons in London. We care not whether they have the " step, attire, furniture and equipage of gentlemen," but let them take one step in advance and prove themselves *surgeons* : they are superior as regards medical education to the *pures*, and there is no reason why they should not strive to equal them in the mechanical department of the profession.

THE PSYCHOLOGICAL JOURNAL, JANUARY, 1850,

CONTAINS some interesting articles, although some of the doctrines propounded, are of a novel character. We are told in a paper on the law of Lunacy, "That we may safely predicate that an insane person is both dangerous to himself and others, whatever may be the degree of the mental disturbance." Dr. Haslam when asked in the witness box, to define insanity, said, "he thought it would be difficult to find any man perfectly sane." We are not quite sure that the flights of fancy, indulged in by the writer of the article on *Hypochondriasis*, might not come under the former definition. We are told that the wry neck of Alexander the Great, and the extraordinary height of Saul the king of Israel, were indications of a scrofulous diathesis. *Oedipus* and *Orestes* are spoken of as beings who once inhabited this nether world, and tales of saints are talked of as realities. In an article on capital punishments we have the oft told tale of *Blackstone* about the force of public example, and the writer is not only in favor of capital punishments, but he would have the culprit exhibited to the admiring gaze of the multitude. We are pleased to find, that these opinions are to a great extent counteracted, in an excellent paper on the analysis of crime, by Mr. Horne, who after showing that murder is four times more frequent in Great Britain than in France, and that the number of convicts sentenced to death in this country is twenty-two times greater than in France, and the number of executions threefold, says, "Once every session does Mr. Ewart prove to the House of Commons that capital crimes become less and less in number, with the abatement of the brutalizing nuisance of strangling-shows; and as often do a certain number of 'fine old English gentlemen' stand up for the gallows and its immortal honors." Mr. Horne's paper is well worth perusal. The author may rest assured that the days of these wax heroes and heroines are numbered, and we hope that the disgusting spectacle of a member of our profession leading a criminal to the gallows, will never more be witnessed. There is an amusing article on "Mad Doctors," and the Editor is wroth that a learned Theban in Bentley's *Miscellany* should use the term in portraying the character of the keeper of a private madhouse. He says, "We may as well talk of a stomach doctor, a kidney doctor, or a lung doctor, as of a mad doctor." But we do talk of these doctors, and some think that a few of them are trenching a little on the borders of empiricism. We fear the psychological school is not yet quite purified, and when we look to its past delinquencies, it is not surprising that some non-medical writers should speak of its members with disrespect. A Fellow of the College of Physicians in the *Lancet*, Dec. 1. 1849, says, after relating some flagrant instances of neglect in Lunatic Asylums,—

"A late Fellow of the College of Physicians was physician to Bethlem Hospital. How humane his notions were on the treatment of insane patients, may be seen from the fact of his having kept a person confined more than twelve years with a stout iron ring about his neck, moveable along an upright iron bar secured to the wall, to which ring a chain twelve inches long was attached. Moreover, the construction of his manacles was so peculiar that he could not lie on his side. One of the items of his system of treatment was to bleed and physic his unfortunate patients at given periods of the year."

Thanks to the public press, such iniquities are no longer tolerated, but we fear that many are now pining in the madhouse, who would have a better chance of recovery outside its walls: many pent up in

the dark and gloomy cell, are experiencing the brutal treatment of ignorant and unfeeling attendants, whilst some whose duty it is to watch with an eagle's eye, are sleeping at their posts. We shall return to this subject in a future number.

THE PROVINCIAL DIRECTORY, 1850.

The lengthened review of the London Directory in our first number, and the analysis we have made of the qualifications of the provincial practitioners in our political article, will render further notice of this work unnecessary. We have the same fault to find with the Editors, viz. the want of adherence to a fixed law. The M.D. is constantly added, and the University not named. The insertion of pamphlets, the rule rather than the exception. Our readers will be interested in knowing, the "sum tottal" of the honours of the provincials:—six knights, twenty-one coroners, and a few justices of the peace are all we can collect out of the 8380 country practitioners. Although we have thought it our duty to complain of much inaccuracy and want of method in this publication, we recommend it as an useful book of reference which should be on the library table of every practitioner.

PASS LISTS OF THE LONDON EXAMINING BOARDS, FROM JAN. 1st TO MARCH 15th 1850.

Apothecaries Company.—Armstrong, G. C.; Arthur, W.; Benfield, J. W.; Bernard, C.; Burd, J. S.; Clements, J. W.; Cooper, J. P.; Davies, J. H.; Fox, H. J.; Goulden, E. G.; Hamilton, A.; Hollingworth, J. S.; Hornby, G.; Hughes, W.; Hurst, R. C.; Johnson, H. S.; Latham, C. W.; Long, J. S. S.; North, S. W.; Nuttall, H.; Rugg, G. P.; Robert, C. H.; Sedgwick, L. W.; Thornton, W. H.; Tidmas, W. M.; Videl, W. F. A.; Whittle, A.; Wilkinson, C. N.; Webb, S. N.—29.

College of Surgeons.—Armorer, W.; Angers, V. P.; Anthony, H. D.; Bolton, E. H.; Brown, E. S.; Broughton, H. H.; Clubbe, W. H.; Collins, H.; Cotterell, P. A.; Chipnell, J. D.; Dewsnap, W.; Duthoit, T. J.; Evans, R.; Felster, W.; Foote, R. J.; Frost, R.; Gabb, G. S.; Hayman, C. C.; Hills, C.; Hooper, J. W.; Jardine, J. L.; Joynea, W. C.; Keisan, J.; Kebbell, M.; Langford, J.; Lane, J. C.; Locock, H. S.; Nasmyth, R.; Nadin, J. E. K.; O'Callaghan, C. K.; Owen, W. L.; Peren, J. B.; Pain, G.; Pierpoint, J. H.; Ridge, J. J.; Rossiter, D.; Roberts, J.; Sedgwick, L. W.; Spratt, H. J.; Stocker, J. S.; Swaine, J. M.; Taylor, A.; Taylor, J. B.; Waterworth, J. H.—44.

The Registrar General's Report for the last quarter ending Dec. 1849, contains some interesting statements. The births for the year 1849 were greater than those of any previous year, the excess, over deaths being 136,629. The deaths in 1849 exceeded those of 1845 by 92,092, of 1848 by 41,398. The general mortality in Kent, Sussex, Hampshire, Wilts, Gloucestershire, Herefordshire, Shropshire, Warwickshire, Lincolnshire, Nottinghamshire, Cheshire, Lancashire, East and North Ridings of Yorkshire, Westmoreland, Middlesex and Buckinghamshire, was less than in 1848. In Wales the deaths were somewhat above the average, chiefly from Cholera and Scarlatina. We extract a few remarks from these reports up to the present time, March 25th. The contents of the greater part of the drains, sinks, and water-closets of 2,200,000 people are, after stagnating in the sewers, poured daily into the Thames. "In all London 66 in 10,000 inhabitants died of cholera." "The Thames presents an evaporating surface of about 2,245 acres, and in summer four million gallons are raised daily." The seven districts in which the mortality is highest from ordinary causes are the West London (between Smithfield and the Thames), St. Saviour's, Whitechapel, St. George's in the East, Chelsea, St. Olave and Rotherhithe. The weekly mortality of the metropolitan districts, from the 1st of Jan. 1850, to the present time, March 16th, has been as follows: 1133, 1065, 1156, 1034, 1094, 957, 938, 911, 896, 875, 967. The mortality we find in these eleven weeks is 2123 less than the corresponding eleven weeks of last year.

LONDON MEDICAL EXAMINER.

MAY, 1850.

THE IRISH AND SCOTCH FACULTIES OF MEDICINE.

In our last number we endeavoured to show the necessity of uniting all legally qualified practitioners into a Faculty of Medicine, and that the Council, or Examining board of the Faculty, should be elected by the members at large. We gave the names of several gentlemen who might be chosen as examiners for the London Faculty of Medicine, and we alluded to the *unjust exclusion of provincial practitioners from the present examining boards*. We now proceed to the formation of the Dublin and Edinburgh Faculties.

IRELAND.—The only licensing boards in this country, excepting the new Colleges, are the University of Dublin, the Colleges of Physicians and Surgeons, and the Apothecaries Hall. According to the Parliamentary evidence of Dr. Collins (1848), the College of Physicians numbered 52 fellows and 65 licentiates. Dr. Cusac stated that the College of Surgeons was composed of 461 fellows, and 506 licentiates: the Apothecaries Company of about 1249 members. Dr. H. Croley, of Mountmelick, in 1843 published an Irish Medical Directory, with the names and qualifications of the Irish practitioners; a second edition was brought out in 1846, of which we have made an analysis, and the following statements cannot fail to interest our readers. University of Dublin: Doctors of Medicine, 58; Honorary Doctors, Sir J. Murray, Drs. Collins, Harvey, Kennedy, Mollan, Perry, Price, Reid, Smith and Stokes, 10; Bachelors of Medicine, 310. College of Physicians: fellows, 39; honorary fellows, 20; licentiates, 63. College of Surgeons: fellows, 470; honorary fellows, 7; licentiates, 486. Apothecaries Company, 1234. Many of the above are also certified practitioners in midwifery, who *undergo an examination* in midwifery, and in the anatomy and physiology of the uterus. Honorary titles: 2 baronets, 3 knights, 26 justices of the peace, and 7 coroners. We are much mistaken if the Irish practitioners are so blind to their own interests, as not to, see the necessity of a *sweeping* measure of medical reform. Why should the majority of the Irish obtain their degrees from Scotland? This fact alone shows the *rottenness of the present system*. Take two of the largest towns in Ireland—Cork and Belfast; we find in the former there are 70 practitioners, and excluding the degrees where the university is not named, there are 29 Irish, 29 English, and 41 Scotch. In addition to the above 70, there are 30 Dublin apothecaries. In Belfast there are 67 practitioners; their united diplomas are 34 Irish (and 21 of these are from the Dublin Apothecaries Company), 8 English, and 69 Scotch. In Ireland, as in England and Scotland, nearly all are general practitioners.

It is thought by some, that the greatest obstacle to the formation of the Irish Faculty, is the present constitution of the Apothecaries Company. This objection we think is groundless. It must be recollected that two separate examinations are required by this Company, "one for the certificate of apprenticeship, the other for the licence to practise. Every candidate for the certificate of apprenticeship is examined

in the following books: the Works of Sallust; the first six books of the *Æneid* of Virgil; the Satires and Epistles of Horace; the Greek Testament; the Dialogues of Lucian; the first four books of Homer's *Iliad*; the first six books of *Telemachus*, or the History of Charles the Twelfth (in French); the first two books of Euclid; and Algebra to simple equations." Many of the members are fully competent to examine in Chemistry, *Materia Medica*, Pharmacy, and Botany. Some of the undermentioned, amongst many others from the provinces, might be selected: Moore (W. D.) M.B., T.C.D., and M.C.S.E.; Mulcock (R.) M.D. St. Andrew's; Owens (G. B.) M.D. Glasgow; Holmes (C.) M.D. Glasgow; O'Flaherty (I.) L.R.C.S.I. and M.R.C.S.L.; Collins (J.) M.R.C.S.L.; Leet (C. H.) M.D. Glasgow; Nolan (H. P.) M.D. Glasgow.

SCOTLAND.—This country has been the diploma mart of the United Kingdom, and parchment may be had here at all prices, from 25s to £130, and men are compelled to go to Scotland to obtain their diplomas, in consequence of the *exclusive* laws which exist in England and Ireland. We can get no satisfactory statistics of the qualifications of the practitioners in Scotland, nor of the number of members belonging to the Colleges and Universities. The one Faculty, however, could be easily established, upon the representative principle, as in England and Ireland, and the Universities and Colleges would still exist as schools of instruction; but *all legally qualified practitioners must be members of the Faculty*. We have now given the outlines of the plan of medical reform, the principles of which we have advocated *for the last fifteen years*; we have never changed our opinions, and we are proud to say, have never adopted the truckling policy of some of our former associates. We know that there are many "good men and true" who have nailed their colours to the One Faculty mast, and we say to all,

"What need we any spur, but our own cause?
What other bond,
Than honesty to honesty engaged?"

THE CONCOURS.

UNTIL a Faculty of Medicine be established in this country, and the large Hospitals under the control of government, election by Concours cannot be generally adopted. Most of our readers are aware that an Hospital (St. Mary's) is about to be opened at Paddington; the staff to consist of twenty medical officers to be elected by examination, and the physicians and assistant physicians are required to be fellows or licentiates of one of the Colleges of Physicians, of the United Kingdom. What a substitute this for the Concours! A man pays eighty guineas and is dubbed a physician in Edinburgh, *without examination*, and this renders him eligible for the honors of St. Mary. But any change, we say, must be for the better! And now for a few recent canvasses and appointments in the English style. Dr. Silver informs the Governors that as *senior* assistant physician, he has superior claims to Dr. Notin. And Mr. Scalpel acknowledges with thanks the extensive support he has received, but as his opponent, Mr. Forceps, had so good a start, he declines the contest until the next vacancy. Observe some of the recent announcements, "Dr. A. P.

Stewart will "walk over the course" at the Middlesex Hospital, there being no opposition. Mr. Thompson has resigned his appointment of Surgeon to the Westminster Hospital. Mr. Holt at the same time resigned the assistant-surgeoncy, and is a candidate for Mr. Thompson's post. Mr. C. Guthrie has been unanimously recommended by the house-committee for the office of assistant surgeon. Dr. G. Day was unanimously elected on the 9th inst. to the Chandos professorship of medicine at the University of St. Andrew." We ask what Dr. Day has done to entitle him to this position; the translation of a German book and the production of a *very mediocre* work on the domestic management of the diseases of old age, afford no evidence of competency for this appointment. We fear it was a kind of placebo to the English Universities, but Oxford and Cambridge never produced an anatomist or a physiologist. The late celebrated physiologist Dr. Reid examined in *anatomy and physiology*. Dr. Day who has succeeded Dr. Reid, has given no proof that he knows even the course of the femoral artery. We believe the Concours would have brought his pretensions to their proper level.

Let us pass from this "rank unweeded garden" of England to the better cultivated field of France, where there is equality of examination and title, and honors are open to all. The professors and deputy professors of the three Faculties are chosen by public competition, and provincial practitioners are not excluded.

A description of the late contest for the chair of Operative Surgery in the Faculty of Paris, will explain the matter more fully. We extract the particulars from the "Gazette des Hôpitaux" and "L'Union Médicale." The Judges were Cruveilhier, Andral, Denonvilliers, Dubois, Gerdy, Langier, Moreau, Roux, Velpeau, Begin, Jobert, Gimelle, Baffos, and Huguier. The candidates Lenoir, Nelaton, Richet, Gosselin, Sanson, Robert, Maissonneuve, Jarjavay, Chassaig-nac and Malgaigne. Several questions are put into the Urn, and the candidate has to answer that which falls to his lot. This examination consisted of five proofs. 1. A written dissertation, (drawn by lot,) the subject the same for all the candidates. 2. A lecture after three hours preparation. 3. A second lecture after twenty-four hours preparation. 4. One or more operations on the dead body. 5. A thesis upon which each candidate is examined by his competitors. The relative value of the different modes of union after surgical operations formed the subject of the first trial. The remaining questions were as follow :—On the different methods of arresting hemorrhage after operations; Subcutaneous Sections; The use of the Trepphine; Operations applicable to the treatment of erectile tumors; On amputation and extirpation of tumors in general; On amputation of the limbs; Operations for non-united fractures; Operations for varicose veins; Of articular resections in general; Operations on the Iris; Operations for aneurisms of the carotids; On strangulated femoral hernia; On puncture of the bladder; Operation for the restoration of the eyelids. Three operations on the dead body were performed by each of the candidates.

The numbers were first "tour," Malgaigne 8, Robert 4, Nelaton 2, Lenoir 1, Jarjavay 1. Second "tour," Malgaigne 8, Robert 4, Nela-

much irritative fever, the head hot, the tumor red, increased in size, and very hard. I withdrew the seton, ordered a warm bath, fomentations and poultices to the swelling, and a dose of castor oil.—9th. A high degree of fever, pulse quick, skin hot, head heavy, eyes dull, the tumor inflamed, bowels constipated; administered calomel and salines; applied lotions to the head and fomentations to the swelling.—10th. Rather better.—11th. 12th. and 13th. Improving in every respect.—14th. Less fever, but the swelling hard, smooth, and of a dark red color, and lobulated, with indistinct fluctuation. Mr. Bransby Cooper saw him, and suspecting the presence of pus, lanced one of the most prominent lobes, and a little thin purulent fluid was discharged.—15th. Rather better, but little discharge from the puncture.—16th. to the 20th. No improvement.—21st. The tumor of a stony hardness and much larger, and extending to the side of the head; restless and fever increased.—22nd. Passed a bad night; eyelids of the right side œdematous; bowels relaxed; will not take food.—23rd. Tumor of a dark red color, hot, but softer, eyelids much swollen.—24th. Tumefaction and hardness external to the articulation of the lower jaw; the carotid gland apparently much inflamed; less fever, but slight discharge from the swelling.—25th. to 27th. Gradually improving.—28th. Sero-purulent discharge in large quantities from the right ear; the state of the bowels has improved; the fever diminished.—29th. Much exhausted.—30th. Quinine and citrate of Iron administered and opiates have been given at night.—July 1st. to the 6th. Restlessness; great emaciation; bad appetite; much discharge from the ear, but little from the punctures.—8th. Has taken rather more food; sero-purulent discharge from the punctures and ear; greatly reduced in flesh, and much exhausted.—10th. Has taken more food, but is extremely restless and fights with his nurse.—12th. Copious discharge from tumor; appetite improved, and has slept better.—17th. Improved; tumor diminished; more sleep, and the appetite good.—19th. More irritable; cough very frequent, with purulent expectoration.—23rd. Low fever; cough; extreme emaciation and debility; quinine; beef-tea, milk, arrow-root, and wine exhibited, with opiates at night.—26th. Tumor rapidly decreasing; health not improved.—28th. Cough better; more nourishment taken.—31st. Improving, but large pustules have appeared on various parts of the body, which were successively opened.—August 10th. Improving; the cough much better.—20th. Has been carried into the garden.—30th. Able to walk, and rapidly gaining flesh and strength; the swelling gradually disappearing. 1850, April 16th. his mother writes to say, "He is in excellent health, and that a very slight trace of the enormous swelling is perceptible; a little loose puckered skin, such as was observed soon after his birth, being the only evidence of its former existence."

Remarks.—I believe, taking into account the rarity of the disease, and the age of the patient, that this is one of the most extraordinary cases of the kind on record. I have not time for statistical research, but the only writers I am acquainted with who have met with Hydrocele of the Neck are Maunoir 1825, Dr. O'Beirne, and Mr. Bransby Cooper. An interesting question presents itself, viz. the connexion of the swelling with the salivary glands? The cyst was evidently mul-

tibular, as its size was but slightly diminished by the puncture with the trochar and the loss of serum.

AN ESSAY ON CROUP, WITH STATISTICAL DEDUCTIONS.

By EDWARDS CRISP, M.D., Physician to the Metropolitan Dispensary.

THERE are few diseases about which so much contrariety of opinion prevails, as Croup; and I need only allude to the following questions which have formed matters of discussion amongst some of the learned of our profession:—"Why should this disease affect children generally from the first to the eighth or ninth year? Does it ever prevail (genuine Croup) as an epidemic? Is it contagious? Does it occur in the adult? Is the inflammation of a specific character? Is the adventitious deposit formed by the vessels of the mucous membrane, or by its follicular glands? Is this deposit organized?" And if I enumerated the various opinions respecting treatment, I might occupy many pages; but the above are subjects which neither space nor inclination will allow me to grapple with. I will therefore pass on to the more immediate object of this paper, viz. the causes of Croup; its statistics, and the efficacy of repeated doses of calomel, as the result of my own experience in the treatment of the disease. Before I speak of the etiology, I will glance at some affections with which Croup is not unlikely to be confounded. And first, *Laryngismus Stridulus*.—This affection attacks infants generally between the third and sixteenth month; the suffocative paroxysms are of short duration, and the child soon recovers its usual state of health: infants that are brought up by hand are especially liable to it, and improper diet and teething are the most probable causes. In the vast majority of instances, moreover, no morbid appearances have been found after death. The varieties most likely depend upon the degree of spasm of the glottis, and there is but one form that even by the inexperienced practitioner can be confounded with Croup. The loudness of the croupy inspirations is not always a criterion of the amount of danger. I have recently seen a good example of this with Mr. Taylor of Camberwell. A child *æt.* fifteen months who was teething, and who had been tolerably healthy with the exception of occasional "catching" of the breath, when apparently in good spirits, and whilst playing in her father's arms, suddenly became convulsed and died almost instantly. I saw the child immediately after the occurrence with Mr. Taylor; cold water was applied to the face, and artificial respiration used, but life was extinct. We examined the body with great care: there was slight congestion of the brain, and the thymus gland was larger than usual: with these exceptions the body was in a healthy state. It is possible that the spasm of the glottis might have been overcome, and life saved, if the child had been instantly plunged into cold water. Spasm of the glottis is not unlikely to be the immediate cause of death in many cases of Croup.

Diphtherite is another disease that may be mistaken for Croup. This name was given by M. Bretonnean in 1826 to an affection which is chiefly confined to the pharynx and air passages. It appears to be more frequent in France than in England. Dr. Empis in the *Archives Generales de Medicine*, February and March 1850, has an excellent article upon Diphtherite. Dr. Empis had a good opportunity of studying the

disease at the Hôpital Necker in Paris last year, when it prevailed as an epidemic. The pseudo-membranous exudation is not only developed in the throat and air passages, but sometimes on the surface of the body where the epidermis is absent. Thrush does not extend to the larynx and trachea; the production of Diphtherite on the contrary is confined chiefly to the mucous membrane of the air passages, and seldom or never affects the œsophagus. Under the microscope the product resembles that on a blistered surface. This malady has often been very fatal in France, and according to M. Trousseau, bad feeding, and insufficient food have more to do with the production of the disease than a vitiated atmosphere. Various opinions exist as to its contagious nature. Dr. Empis trusts chiefly to local applications of nitrate of silver and alum, at the same time varying the constitutional treatment according to circumstances. It is probable that in many of the successful cases of tracheotomy the patients laboured under this affection, and were not the subjects of true Croup, as reported.

Whooping Cough too, may occasionally lead to an error in diagnosis, but this mistake could only happen in the early stage, and then very rarely. The character of the cough, and the quick return to apparent health, will generally serve to distinguish the former disease, and under any circumstances the diagnosis could not be long erroneous. Tonsillitis and malignant sore throat have also been described by some authors as affections that may be mistaken for this disease. According to my own experience the hoarse cough which generally precedes the eruption of measles, is more likely to occasion an error in diagnosis than any other affection. I could enumerate many examples of this. May 12, 1840, I was called to Mast. W——, Walworth, æt. 3, a strong healthy boy: he had had for four or five days a hoarse, husky cough: two children in the house were affected with measles. A few hours before I arrived the mother observed a croupal sound when he coughed; this rapidly increased, and the child appeared to be suffering from Croup. I ordered four leeches to the throat, small doses of calomel and tartarized antimony at short intervals: the croupy sound soon disappeared. The eruption of measles came out after two or three days, and the child had the disease in a mild form. It is possible that this affection might have run on to genuine Croup, and that the active treatment arrested the progress of the malady. Judging however from subsequent experience, I am disposed to think that the crowing noise arose from the congested state of the mucous membrane about the glottis and upper part of the larynx, which I imagine frequently occurs at the onset of measles. Sept. 15, 1845, I examined, with Mr. Lodge of Peckham, the body of a child æt. 13 months, who was supposed to have died the day before of Croup. Mr. L. was called to the child at noon, and death took place about 12 the same night. The croupy sound was heard only a short time before Mr. Lodge's arrival, and the child the night before was with exception of cough tolerably well; the child's sister was convalescent from measles, and this child appeared to have some of the premonitory symptoms of the disease, such as sneezing, suffused face, &c., but no eruption. Croup was prevalent in the neighbourhood, Mr. Lodge had seen three cases, and had heard of three others in Peckham, all occurring within a few days.

(To be concluded in our next.)

REVIEWS.

PRACTICAL OBSERVATIONS ON CURVATURES OF THE SPINE, ILLUSTRATED WITH NUMEROUS PLATES AND WOODCUTS. BY SAMUEL HARE, M.R.C.S. Third Edition, 8vo. London : Churchill.

THIS book has already gone through three editions, and the subject of which Mr. Hare treats is one that must interest every member of the profession, although there are but few practitioners who have made this class of diseases their special study. These spinal distortions we fear are greatly on the increase, and that demon, fashion, is enticing many of its victims both to mental and bodily deformity.

The author of the present treatise, who we are glad to find was once a general practitioner, has for his basis pathology, the only foundation upon which any practical superstructure can be built. Mr. Hare has examined two hundred and fifty preparations of spinal disease in various museums, and has moreover been accustomed to take notes of all his cases: he first treats of the management of infants and children; then of the injurious effects of dress, and the following remarks on modern stays we think very appropriate:

"But modern stays are constructed with so little attention to the form of the body, that the pressure is the greatest upon the lower part of the chest, which is naturally the widest, whilst there is the most room at the upper part, where its diameter is the smallest, thus, in effect, inverting the order of nature, and causing a complete transformation of this important portion of the body, by making its base uppermost, and its apex downwards; they are also made so long as to cause injurious pressure on the pelvis, their tendency being, therefore, to turn the crest of the ilium inwards."

After the various causes of spinal deformity are enumerated, the varieties are thus classified: 1. Lateral Curvature; Rotated Spine; Serpentine or Sigmoid Spine; Excurvation; Incurvation. 2. Angular Projection; Caries; Cancer; Tuberculous Deposit. 3. Rickets; Mollities Ossium. The modes of treatment applicable to these varieties are fully gone into; numerous cases are adduced to show the efficacy of the author's system of management, and a description of the plane and apparatus used is appended. Mr. Hare says: "Exostosis occurs not unfrequently without curvature, and may indeed tend to prevent it, twenty-eight cases of exostosis are mentioned where no curvature existed." He also remarks, in speaking of Caries, that "it is rare for a single vertebra to be affected, and sometimes so many are implicated that it is astonishing how life can be supported under such a load of disease." A table of sixty cases is given, showing the relative proportions of the vertebræ affected. The cervical region is less prone to caries than other parts. Mr. Hare, in the treatment of rickets, amongst other medicines recommends the Iodides of Iron, and Potassium. We are surprised that he has omitted to mention Cod's Liver Oil, a medicine we believe of more efficacy in all scrofulous affections than any we possess. A short chapter on Spinal Irritation finishes the volume. We hope Mr. Hare in his next edition, will include diseases of the spinal cord, which, although not necessarily connected with curvature of the spine, afford a wide field for useful investigation. We have seen two cases of softening of the spinal cord in *gardeners*, and it is not unlikely that position had much to do with the production of the disease. There is also a form of partial

paralysis occurring in females, the pathology of which is but little understood. Our space will not allow us to quote so largely from the work as we desire, but we can conscientiously recommend it, as one containing a great amount of practical information and common sense. The illustrations are beautifully and tastefully executed.

LETTER TO THE LORD ADVOCATE OF SCOTLAND ON MEDICAL REFORM. BY JAMES SYME, F.R.S.E., Professor of Clinical Surgery, and President of the Royal College of Surgeons of Edinburgh. Edinburgh: Sutherland and Knox; London: S. Highley.

We have often been struck when residing in the "Emerald Isle" and the "Land of Cakes," with the vast difference of the inhabitants respecting the love of kin and country: the Irishman will abuse his country, its institutions and his brethren without reserve or hesitation, and we have never heard Ireland and the Irish so much condemned by the English, as by the natives of Ireland: not so with the Scotch, to them all north of the Tweed is *couleur de rose*; their geese are all swans. Talk of agriculture—they taught it us; speak of the English language—it is found in greater purity at Inverness than in any part of Her Majesty's dominions; mention music—nothing is equal to the bagpipes, and the Highland jig is the perfection of dancing.

We have thought it right to allude to this national peculiarity before introducing Mr. Syme's modesty to the reader. Mr. Syme has first a fling at the Apothecaries Company, and then says:

"At present, therefore, it is obviously impossible by any extent of education or examination in Scotland to obtain the right of medical practice in England.

"In countries so united as England and Scotland, such an exclusive restriction in favour of the former could be justified only on the ground of the latter being defective or inferior in the means of instruction. But so far from this being the case, it will be found, that whether the supply of instruction or the demand for it be made the criterion of judgment, the Medical Schools of Scotland must be conceded a higher place than those of England. In England there is not a single teacher in any Medical School appointed by Government, while in Scotland there are no fewer than twenty holding royal commissions as professors of the various departments of medical study. In England there is not a single Medical School supported or recognised by Government, while in Scotland the three great medical seminaries of Edinburgh, Glasgow and Aberdeen, have not only received large grants of the public money for the erection of their buildings, but annually draw allowances for their libraries, museums, gardens, and professors' salaries. The university with which I have the honour of being connected, has received upwards of £100,000 for completing the College buildings, and £30,000 for the support of the Botanic Garden, besides £575 a year for the Library, and £500 for the salaries of five Medical Professors. Nearly £100,000 has been bequeathed to the Principal and Professor for promoting, as may seem best to them, the prosperity of the establishment. Large collections, illustrative of anatomy, natural history, *materia medica*, and other departments of education, have been formed; and a wide field of practical study is afforded by the Royal Infirmary, which being resorted to by patients not only from every part of Scotland and its islands, but also from the north of England and Ireland, is believed to present a greater variety of subjects for observation than any other hospital in Great Britain. All the medical teachers of the Edinburgh University, not appointed by the Crown, are chosen by the Lord Provost, Magistrates, and Town-Council—not as in London, merely from the pupils of the Schools, or rather the still more narrow circle of aspirants, who by filling in succession the position of Dressers, Assistants, Demonstrators, or other subordinate places, are regarded as having a claim to preference;—but with perfect freedom of selection, and without any admission of respect being due to local connexion."

We must express our entire agreement with Mr. Syme respecting the right which every *properly* qualified practitioner should enjoy of practising in any part of Her Majesty's dominions ; but as regards the purity of election in Scotland, the superiority of teaching and teachers, we entirely dissent. We have corruption enough south of the Tweed, but we believe that it is more than surpassed in the north, and we can give abundant proof of this, if any be wanting. Apropos the late Mr. Liston in a letter to Mr. Syme said : " Dear Syme, How was it, if not by purchase, that you obtained the chair of examiner of the College of Surgeons ? " The truth is, to use a vulgar though apt simile, it is the boiler calling the tea-kettle black. Mr. Syme does not possess the usual caution of his countrymen, or he would have avoided the subject of *election*. He makes no allusion to the Homœopathic Professor at the University of Edinburgh. We give our entire concurrence to the following extracts :—

" And so imperfect is the system of clinical instruction in London, that not a single course in the Surgical department delivered there, can be recognized by the University of Edinburgh as affording the requisite qualification for graduating here."

" In these Bills it has been proposed to place large additional powers in the Colleges of Physicians and Surgeons,—powers universally regarded by the profession, with exception of the Members to be benefited, as not only dangerous, but certainly injurious, to the interests of medical science and practice—powers such as no College could have ventured to ask for itself, or otherwise than mixed up and mystified with the complicated details of a general measure."

" It is not long ago since a College, which has been the loudest in its demands for exclusive privileges, had confided to it the bestowal of a large sum of money as a reward for distinction in a field of literature cultivated by authors of the highest eminence ; and yet, incredible as it may seem, the President, without any claim, except the joint-authorship of an old nearly-forgotten publication, appropriated this prize to *himself* and the lawyer who had been his partner in the work. It is hardly necessary to remark, that a College which supported their President in, and identified themselves with, the perpetration of such an outrage on decency and propriety, could not be safely trusted with any power of controlling the members of a liberal profession."

Mr. Syme is mistaken : Dr. Paris did not exactly appropriate the prize to himself. The Editor of the Medical Gazette stated that he appointed the three adjudicators, all subordinate officers of the College of Physicians. The will stated the *best* published work. Dr. Paris' book was published twenty-six years before the adjudication, and twelve before the date of the will, and no public notice was given of the prize. Our readers have many of them seen the interesting correspondence between Dr. Paris and Mr. Syme, which leaves the matter in statu quo, except that the Editor of the Medical Gazette accuses Dr. Paris of omitting the word " best " in his letter. The Editor has offered Dr. Paris " as much space as he may require for an explanation," but the learned President is silent. We reiterate Mr. Syme's opinion, in which we fully coincide, " That a College which supported their President in, and identified themselves with, the perpetration of such an outrage on decency and propriety, could not be safely trusted with any power of controlling the members of a liberal profession."

We have no confidence in Mr. Syme as a legislator : the man who urges Government grants as a recommendation to a University, and who against his conviction takes the fellowship of the College of

Surgeons to avoid scandal, is not in our estimation to be trusted as a medical reformer. Mr. Syme we believe is the only "Pure" in Scotland, and it must be recollected that up to a recent period nearly all prepared their own medicines; at the present time the vast majority of practitioners out of Edinburgh do so, and from the numerous inquiries we made in various parts of Scotland, they are miserably remunerated for their services. We refer our reader to the political article in our late number, as a refutation of several of Mr. Syme's statements.

REPORT PRESENTED TO THE CHOLERA COMMITTEE OF THE ROYAL COLLEGE OF PHYSICIANS, BY THEIR SUB-COMMITTEE, "ON THE NATURE AND IMPORT OF CERTAIN MICROSCOPIC BODIES FOUND IN THE INTESTINAL DISCHARGES OF CHOLERA." London: Churchill.

"A mountain laboured and a mouse came forth," is all that need be said respecting the value of these investigations by Drs. Gull and Baly. The fact is, Messrs. Busk, Marshall, Jenner and many others had before arrived at the same conclusions. We look upon this rather as a political than as a scientific move on the part of the College. Dr. Gull, when we were present at the South London Medical Society, gave the substance of this Report: it was then sent by the College to the Daily Journals, and *lastly, to the medical periodicals*. So much for the ethics of Pall Mall. We have been anxiously waiting for the publication of the answers to the *very scientific* enquiries of this College, Oct. 5, 1849. We suspect if any report be made, the information must be obtained from Dr. Paris' "half-extent practitioners," by whom the disease has *principally* been treated. We extract the following recommendations of the Board of Health, with Sir H. Halford, the President of the College of Physicians at its head, Oct. 20, 1831: "Rags, papers and cordage should be burnt, and the victims buried in detached ground." "All articles of food shall be placed in front of the house, and taken in when the person carrying them shall have retired. Convalescents should be kept under observation for twenty days." "It may be necessary to draw troops and police around the infected place." The physicians and surgeons to a "*certain extent*" surely could not have so stultified themselves?

ESSAYS ON SYPHILIS. No. 1.—SYPHILITIC SARCOCELE. pp. 40, plates. By JOHN HAMILTON, Surgeon to the Richmond Hospital. Dublin: Fannin and Co.; London: Longman and Co.

THE name given to this disease is one of the examples of the numerous absurdities in our medical nomenclature. The author of this Essay, from his connexion with the Richmond Hospital, has had abundant opportunities of investigating syphilitic affections in all their Protean forms, and we are glad to find that the result of his experience is to be given to the medical public in a series of detached Essays. The subject of the first is Syphilitic Sarcocoele, of which the author describes two varieties, viz. simple and tubercular. He says:—

"Many detached valuable observations have been made by authors at different times; by Sir B. Brodie, Sir A. Cooper, Mr. Cusack, Mr. Colles, and more recently by Mr. Curling, in his excellent Treatise on Diseases of the Testicle."

Mr. Hamilton we think might have mentioned the names of Dupuytren, Ricord, and other continental writers upon this subject.

The first form occurs in persons of healthy constitution, with the more simple variety of secondary symptoms; is of large size and slow progress, and generally affects only one testicle. In both forms there is generally hydro-sarcocele. The author inculcates the necessity of great caution in the use of the trochar, and mentions two examples in which this instrument was introduced into the body of the testicle. The second form is thus described by Mr. Hamilton:—

“The Tubercular Syphilitic Sarcocele is much more common, and differs materially, both in local and constitutional symptoms, from the simple form. The testicle is enlarged from two to four times the natural size, but the increase of size is generally not remarkable; of very irregular shape, so that the ordinary form of the testicle is often entirely lost, presenting instead an uneven, hard, knotty mass, in which it is impossible to distinguish the body from the epididymis. At other times the irregularity is seen to arise from the enlarged and indurated epididymis, which gets of a great size compared to the body of the testicle, that remains but little altered, and readily distinguishable from it. In the gonorrhoeal orchitis we well know that the inferior globus of the epididymis is usually the part most enlarged and hard, and often keeps so long after the testicle has recovered; whereas in the tubercular syphilitic sarcocele, I have more frequently met with enlargement of the upper globus of the epididymis, sometimes excessive and disproportioned to the other parts of the testicle. The reason of this may be, that in gonorrhoeal orchitis the inflammation extends from the vas deferens at the inferior part of the epididymis to the cellular tissue external to it, with effusion of lymph, causing swelling and induration; whereas in the tubercular syphilitic sarcocele, the swelling of the superior globus of the epididymis depends on the presence of a tubercle imbedded among the vasa efferentia of which it is constituted.”

In the treatment of this disease Mr. Hamilton places his chief reliance on mercury. In the simple form he advises a steady and somewhat protracted course of this mineral, and believes it to be the only certain mode of cure: the mercurial action should be continued for seven or eight weeks. Seven cases are recorded in which the benefit of this plan of treatment is exhibited. There is one important omission in the history of these cases, and one probably that Mr. Hamilton could not supply, viz. the treatment of the primary sore. We suspect that these patients were not put under a proper mercurial course in the onset of the disease, and hence the secondary symptoms. We have yet to learn the effect of mercury, as well as of many other medicines, on the *duration* of life. But judging from our own experience, a mild mercurial action kept up for three or four weeks on the first appearance of the chancre, is less injurious to the constitution than the small and repeated doses that are often administered for a period of many months, and sometimes years. We believe that few of our readers can peruse this first Essay of Mr. Hamilton's without benefit, as it contains matter that is practical and useful. Mr. Hamilton we trust will pardon our suggesting the importance, in his future papers, of bringing statistics as much as possible to his aid. Medical literature is now a jumble of detached facts (so called), which for want of proper arrangement are comparatively useless, and what is termed “*practical experience*,” is too often founded on *practical error*. But we foresee the dawn of a better day for medical science, when the many baseless theories which now exist will be swept away, and when the following words of Lord Bacon will be less ap-

plicable to the cultivators of our art: "Some who have committed themselves to the waves of experience, practice a roving manner of inquisition, and do not war with it according to any certain rule."

THE MEDICO CHIRURGICAL TRANSACTIONS. Vol. 32. pp. 178. London: Longman and Co.

"SMALL by degrees and beautifully less," is the involuntary exclamation on taking up this volume; from 522 pages it has dwindled to 178, although the members of this society (if the printed list which occupies a considerable portion of the volume speaks the truth) number about 522. We have not a very high opinion of some of the council, but we can scarcely suppose that this body would sanction any deception of the kind, and therefore we assume that more than half a thousand gentlemen constitute the society. We have been hoping for some years to see a general practitioner on the council, but such a *rara avis* has not yet appeared, although many of these "*ignaros professores medicinae*" are allowed to add to the funds. But to our present theme, the Transactions: these consist of thirteen papers, and seven of them are supplied by gentlemen who are not members of the clique; a fact which does not tell much in favor of the talent or industry of the society. The contents of the volume in point of practical information, scarcely exceed those of one of our weekly periodicals; indeed most of the papers have already been before the profession. The first communication, by Dr. Basham, is on the use of nitrate of potash in acute rheumatism; he also suggests the trial of saline solutions as external applications in this disease. This is followed by a short account of the causes of the Puerperal Fever of Vienna, by Dr. Routh, and an Essay on diseases of the ear, by Mr. Toynbee. Dr. Webster furnishes a paper on the causes and morbid anatomy of mental diseases. Mr. Rainy has a communication on the minute anatomy of the lungs of the bird. Mr. J. Wright a case of lesion of the uterus, and Mr. Wade one of exfoliation of the atlas. Mr. Burd makes further observations respecting the termination of the case of extirpation of a deceased ovary during pregnancy, recorded in the 30th. volume; the woman since the operation has borne a child. There is no evidence to shew, judging from the report of the operation, that the entire ovary was removed; and we see no reason why a woman may not be almost as prolific with one sound ovary, as when both are present. Mr. Pott removed both the ovaries of a young woman during the operation for femoral hernia, and she became masculine in appearance. Some of our readers may have forgotten John Hunter's experiment, Two young sows were taken from the same litter; one was spay'd and deprived of an ovary; the other remained perfect. The former had 76 pigs in six years, and then ceased to breed. The latter produced 162 pigs in eight years. Mr. Dunn records a case of apoplexy of the cerebellum. The patient was 50 years of age, and had amourosis, and great desire for sexual intercourse; there was also unsteadiness of gait, weakness and stiffness of the left leg and foot, with lethargic tendency; death took place in four hours. The optic nerves were found soft, and the anterior of the right hemisphere of the cerebellum had become a softened pulpy mass. The vertebral artery contained a succession of osseous rings.

Mr. Dunn thinks the evidence from pathology and comparative anatomy is irresistible, that the cerebellum is subservient to the co-ordination of voluntary and locomotive actions, and he quotes in confirmation Todd's and Bowman's physiology. We fear that too many pin their physiological faith upon this work. There is nothing in the case in question that appears to us to prove the point contended for; stiffness of limb and unsteadiness of gait are not uncommon in paralysis, unattended with lesion of the cerebellum, and we especially direct the attention of Mr. Dunn to Mr. Whittle's case in our last number, which occurred close to Mr. Dunn's residence. The *ossific* rings before described we have never met with in the arteries of the brain. Dr. Bennett relates a case of dissecting aneurism of the aorta in a man *æt.* 52. We think the sooner the use of the term *aneurism* is abandoned the better. This lesion, we believe, generally occurs in the following manner. A small portion of the inner and middle coats of the artery are fractured or abraded; the blood is gradually driven between the outer and middle coats, or, between the laminae of the latter; and then a sudden and rapid detachment takes place to a greater or less extent, the blood generally finding its way into the pericardium. Thus of 21 cases recorded by Dr. Crisp, 15 terminated in this manner; he was also the first to point out that this form of rupture occurs more frequently in females. There is an interesting case of aneurism of the popliteal artery by Mr. Wright, in which pressure had been used with the Italian Tourniquet for 9 days; the sac gave way and the femoral artery was successfully tied. The last case is one by Dr. Garrod of chronic hiccup and vomiting, with oxalic acid in the blood. Dr. Garrod states that this acid has been found in only five cases, and believes it is formed in the blood itself, and that a close relation exists between the uric acid and oxalic acid diathesis. We hope the time is not far distant when the General Practitioners of England will have a volume of *Medico Chirurgical Transactions* of their own, which will greatly exceed in usefulness and *practical* information the one of which we have just spoken.

THE STRUGGLES OF A BOOK AGAINST EXCESSIVE TAXATION. BY CHARLES KNIGHT: LONDON.

THE above pamphlet does not strictly come under the notice of a medical reviewer, but it cannot fail to interest our readers, many of whom have dabbled to their cost in medical literature. Mr. Knight thus tells his own story.

"On the 1st. of January, 1833, I commenced the publication of "The Penny Cyclopædia," in Numbers and Monthly Parts. This work was entirely original. It was projected by myself, and published under the Superintendence of the Society for the Diffusion of Useful Knowledge. But the entire cost and risk were borne by me. The total cost for Literature and Engravings was £42,000. The Penny Cyclopædia and its Supplement were completed in 1846. The two works contain 15,764 pages; and the quantity of paper required to produce a single copy is 2 reams, each weighing 35 lbs. At the period of its completion, the entire quantity of paper consumed in the work was *fifty thousand reams*, the total weight of which amounted to *one million, seven hundred and fifty thousand pounds*. Of this weight 20,000 reams, or 700,000 lbs., paid the Excise Duty of three-pence per lb., amounting to £8,750; and the remaining 30,000 reams paid the reduced Duty of three-half-pence per lb. (commencing in 1837) upon 1,050,000 lbs., amounting to £6,562. The total Duty paid up to the completion

of the Cyclopædia, in 1846, was £15,312. Since that period 2,000 reams of paper have been used in reprinting, to correct the inequalities of the stock, making an addition of 70,000 lbs, excised at £437. But further, the wrappers for the monthly parts have used 1,500 reams of paper, taxed at £500, and the milled boards employed in binding the volumes have been also taxed about £300. The total payment to the Excise by the Penny Cyclopædia has been *sixteen thousand five hundred pounds*.

Mr. Knight goes on to show the evil effects of this tax upon the spread of knowledge; he says,—

Upon a tolerably accurate calculation I have, from my own unaided resources, expended during the last twenty years *eighty thousand pounds upon copyright and editorial labour*. During the same period I have paid *fifty thousand pounds paper duty*, which sum has become a double charge to me by the inevitable operation of a tax upon raw material. May I venture to ask what, during these twenty years, the Government has done for the encouragement of Learning and Literature, equal to the Sum which it has exacted from me in the shape of a Tax upon Knowledge? Has it, beyond a few paltry pensions wrung from it by necessities in many cases which were a public scandal, done anything to reward Men of Letters—to give them a social position commensurate with their influence—to make the abstracted lay student look for some higher work than earning his daily bread by ungenial toils? Does it bestow offices of trust and emolument upon those whose eminence as writers is connected, as real talent almost invariably is, with business ability? Has it founded any Public Libraries for the industrious Classes in the metropolis or in large towns? Has it Lending Libraries in any one of the twelve thousand Parishes of England, that might assist in removing some of the lamentable ignorance that clings to the rural population especially? Does it expend a quarter per cent. of the Paper Duty upon providing Books for the Navy, the Army, and other public servants? If these inquiries could be answered satisfactorily, I should have had some reluctance in thus coming forward to argue a great public question upon personal grounds, and from my own bitter experience. If the Government would devote the Duty upon *Printing Paper*, about half a million, to any large purposes of education, I would breathe no word of complaint."

There are but few of our readers, we trust, who will not agree with Mr. Knight, but we must have an entire change in the present constitution of the House of Commons, before the taxes on knowledge and science can be effectually removed. The other night on Mr. Ewart's motion for the establishment of public libraries in the large towns, *three out of the four members for the English Universities voted against it*. Observe the evidence of the University physicians on medical reform, their "morality" is exactly of the same stamp.

SCRAPS FROM OLD AUTHORS.

"Apothecaries in the small-pox, and such like diseases which are infectious, charge for attendance.

Dr. Chamberlayne, the man-midwife, lives in the Abbey Church-yard, his fee is five pound, yett I heard, if he come to poor people, hee will take lesse.

Dr. Turner, being to be examined by the Colledg for his admission thereunto, the young Dr. that examined him askt him how many chapters there was in such a book of Galen? He made answer, he read Galen before he was divided into chapters.

The late famous Dr. Wright was educated under Dr. Ffox, and was the first physitian that dissected att the College of Physitians, which before his time had ever made use of chyrurgeons in their publick theatres."

Ward's Diary, from 1648 to 1679.

QUARTERLY PRACTICAL ABSTRACT OF THE BRITISH AND FOREIGN JOURNALS.

THE object is to place before the reader some of the *leading points of interest* in these periodicals: lectures are excluded, and original communications only noticed.

L' UNION MEDICALE.—The cases and observations of most importance in this Journal are, Dr. Hahn on the good effects of strong antimonial unctions on the shaven scalp in the treatment of tubercular meningitis—Dr. Chavance on a case of dislocation of the pieces of the sternum upon each other—Dr. Bouisson of Montpellier has found the external application of chloroform the most efficacious treatment of Orchitis, whether simple, rheumatismal, or gonorrhæal—M. Dussourd in five cases of viper bite employed olive oil externally and internally, he thinks, with the best advantage.—Dr. Depaul in cases of pregnancy with narrow pelvis, recommends bleeding and low diet as means likely to reduce the size of the infant.—Dr. Bouchardat suggests in the treatment of cancerous affections, the alternate administration of mercury and iodide of potassium; if these fail, the inoculation of the syphilitic virus and the resumption of the iodide of potassium.—Dr. Belloc has employed vegetable charcoal in nervous gastro-intestinal affections with great success, the dose from two to six tea-spoons-full daily.—Dr. Deleau refers to a work published by him in 1820, and translated into German, in which he speaks of the adoption of the treatment recommended recently by Mr. Yearsly in deafness arising from perforation of the tympanum.—Dr. Trousseau relates several cases of chorea treated successfully by the administration of the syrup of the sulphate of strychnine.—Dr. Fouquier believes in cases of obstinate constipation, produced by the abuse of purgative medicines, that exercise, pure air and diet, are the best remedies.—Dr. Pelletier records the good effects of friction with the hand in muscular rheumatism.—Dr. Gros advises the external application of tincture of iodine in chronic rheumatism.

GAZETTE DES HOPITAUX.—M. Bonnet of Lyons removed a neuroma, the size of a large nut, from the internal popliteal nerve; the nerve was left intact, and the sensibility of the limb preserved.—M. Sappey records a case of aneurism of the ischiatic artery which remained stationary for ten years, then gradually increased in size; pressure was used ineffectually, the main trunk was tied, and also eight or ten small branches: pulsation returned in the tumor on the third day, and no benefit resulted from the operation.—M. Lebbac mentions three instances of diabetes in the lower animals.—M. Valpeau records several examples of erysipellas to shew its contagious nature.—M. Jobert relates a case of calculus occupying the whole of the bladder, and a part of the vagina, in combination with vesicovaginal fistula, the stone crushed with Heurteloup's lithrotrity forceps.—Four cases of hemorrhage are related by M. Molard; in the first a wound of the palm of the hand; the bleeding arrested by compression of the ulnar and radial arteries. 2nd. Wound below the elbow, hemorrhage; ligature of the brachial artery: cure. 3rd. Gunshot wound of the thigh; bleeding on the tenth day, compression: gangrene and death. 4th. Gunshot wound of the femoral artery; ligature of the external iliac: cure.

SURGICAL SOCIETY OF PARIS.—M. Guersent has performed tracheotomy 28 times in croup; six of the operations were successful, and one infant lived until the eleventh day.—M. Chassaig-nac recommends the tincture of aconite as a preventive against purulent infection. Thirty-two patients were subjected to this mode of treatment, five died, but not from purulent absorption.

The **ARCHIVES GENERALES DE MEDECINE**, for January and February contain an excellent paper on the albumen of the blood by Dr. Becquerel, the following are some of his conclusions. The quantity of albumen in the blood is sometimes but rarely increased; its quantity, however, is frequently diminished, especially in persons who are badly fed, also in chronic debilitating diseases. In continued fever the quantity is normal. In diseases of the heart the amount varies a little, unless attended with dropsy, when it diminishes, and often in considerable quantities. In Bright's disease it is the production of dropsy, and not the loss of albumen by the urine, which determines the diminished proportion of albumen in the blood.

GAZETTE MEDICALE.—Dr. Piorry has endeavoured to persuade the members of the Academy of Medicine, that enlargement of the spleen is the cause of the paroxysms of intermittent fever.—M. Hœfnagels a Belgian surgeon, opened a tumour of the lower lip the size of a large pear, which turned out to be an aneurism of the coronary artery.—Dr. Wyffels, a Belgian physician, attended a robust healthy woman during her confinement; as the labour progressed a large blood tumor appeared in the vulva, the swelling burst and the woman rapidly sunk from the bleeding.—M. Defer has treated five cases of hydrocele successfully with the solid nitrate of silver, introduced into the tunica vaginalis by means of a stillet carried through the canula.—M. Longet endeavours to prove that the pneumogastric nerve, at its origin is purely sensitive, and that its motive power is acquired during its course.—M. Bouchardat in the treatment of Diabetes Mellitus employs purgatives of various kinds in order to remove the functional disorder of the liver.—M. Wurtz found the expectoration of a diabetic patient free from sugar.

REVUE MEDICALE.—M. Petrequin of Lyons on the treatment of aneurisms by galvano-puncture, says, "The blood in the aneurismal sac, modified by the galvanic action, forms coagula in various parts, which soon produces the coagulum of the entire mass, and generally in 12 or 36 minutes the operation is accomplished. M. Petrequin says, several examples of cure by this method are recorded by the Medical press of France, Germany, America and England. We shall have occasion to notice three cases at a future opportunity.—M. Padiolean recommends for the treatment of nervous vomiting, the effusion of cold water upon the head for 3 or 4 minutes, whilst the feet are placed in hot water; in the same cases, he advises 3 or 4 drops of the tincture of nux vomica in water.—Dr. Maillot gives a lamentable account of the mortality of the French army when first located in Africa in 1832. 4,033 were sick, and 449 died; and in 1833, out of 6,704 sick, 1,526 died. In 1834, 11,593 were sick, and 538 perished. Marsh miasmata the supposed cause; the troops from their great exertions being predisposed to its deleterious influence.—M. Granger believes that water containing magnesia produces goître, and he recommends as a preventive, ioduretted salts and the use of water, which

contains no magnesia.—M. Lecoupey advises the employment of Acetate of Lead in doses from the quarter of a grain to one grain, in the treatment of subcutaneous scrofulous tubercles; he combines purgatives to prevent the ill effects of the lead.

ITALIAN JOURNALS.—Dr. Dubini in the treatment of Asiatic Cholera recommends light and rapid friction with the hand over every part of the body except the head, with powdered ice, common salt, and sal amoniac; after the friction the patient to be enveloped in a hot sheet, and then covered with flannel. The internal treatment to be varied according to circumstances. *Gazetta Medic: Lomb*:—Dr. Polli concludes from numerous experiments, that the fibrinous crust of the blood is due to the slow coagulation of this fluid.—Dr. Rostolli who has had great experience in gun-shot wounds during the late disturbances in Italy, says, “that secondary hemorrhage occurs generally about the 7th. or 8th. day, and that whether the bleeding be primary or secondary, the ligature should be applied above the seat of the injury. Purulent absorption is the most common cause of death after gun-shot wounds.—Dr. Rostolli also advocates the contagious nature of hospital gangrene, and dwells on the great necessity of care in the use of sponges, instruments, &c; he has found the mineral acids, the caustic potash, and the actual cautery the most effectual applications for destroying the parts affected.” *Annali Univers: di Med*: 1849.

GERMAN JOURNALS.—Dr. Kaempfer resided at Madeira in the winters of 1841 and 1842; and during his sojourn he obtained much useful information respecting the temperature, prevailing diseases, &c.; but the greater part of this information has so frequently been placed before the profession that it is unnecessary to allude to it here. The natives are generally healthy, and the prevailing affections are abdominal. Out of 166 deaths at the hospital, 15 were from pulmonary, and 2 from laryngeal phthisis. All the physicians on the island, according to Dr. Kaempfer, agree that in the advanced stage of confirmed phthisis, the fatal termination is hastened by the climate of Madeira, although in the early stage a residence in this island is often beneficial.—Dr. Pfaff records six cases of paralysis in which he employed with benefit the nitrate of strychnia, beginning with one grain for a dose, three times daily, and increasing it to two grains; he uses the medicine endermically at the same time. Dr. Schoepf at the hospital for children at Pestz, out of 13,000 invalids only met with twelve cases of genuine Croup. According to an analysis of Phlebolithes made by Professor Schlossberger, they differ from the bones in containing a much larger proportion of phosphate of magnesia. *Medicinisches Correspondenz-Blatt Bayerischer Aerzte*.—Dr. Neise on *Laringismus Stridulus*, complicated with convulsions gives castor oil, combined with five drops of oil of turpentine, and orders the neck to be rubbed with cajeput oil.—Dr. Beneke has given the phosphate of lime in scrofulous affections with great advantage; the dose two grains twice daily with sugar. A case of supposed phthisis was cured by this medicine.—Dr. Lebert believes that tubercular enlargement of the lymphatic glands often exists without any scrofulous complication. Of 614 persons so affected, 439 offered no trace of a scrofulous taint. *Archiv fur Physiolog: Heilkunde*.

AMERICAN JOURNAL OF THE MEDICAL SCIENCES.—

Dr. Hallowell doubts whether Phthisis occurs to any extent amongst the Aborigines of North America, and he adduces some interesting facts to show that the natives of various countries have been injured, both physically and morally, by European intercourse. Dr. H. records six cases of tubercular meningitis, and concludes "if a cure is to be accomplished, it is by the aid of hygienic measures."—Dr. Kneeland believes that in Angina Pictoris the sensitive filaments of the par vagum are affected, whilst in Asthma the motor branches are chiefly implicated. These visionary theories are not supported by a single post mortem examination.—Dr. Bowditch relates two cases of fatal hemorrhage from the umbilical cord. A very imperfect account is given of the state of umbilical vessels after death. It is a curious, and as far as we know an unaccountable circumstance, that the great majority of these hemorrhages occur in male children.—Dr. Detmold opened an abscess in the substance of the brain; the discharge of matter from two to five ounces; the man's condition at the time of the report was much improved.—A case of double pregnancy, one ovum being arrested in the fallopian tube, is related by Dr. Craghead.—Dr. Hayes has met with several cases of irritable retina from irritation of the dental branch of the fifth pair of nerves.—Dr. Brainard has cured cases of Neuralgia by the inhalation of chloroform. A lad recovered under the care of Dr. Kennedy after a punctured wound of the brain with a penknife: ten or twelve oz. of blood were lost from the wound: a scruple of calomel was given, and cold applications were applied to the scalp.—Dr. Hartshorne relates four cases of aneurism, three abdominal and one thoracic. In two the diagnosis was obscure until a short time before death.

The DUBLIN QUARTERLY JOURNAL.—Dr. Stokes after describing the various forms of gangrene of the lung, finishes his paper with eighteen conclusions, the last of which is, That the disease though always of a formidable character is not necessarily fatal. We have seen three examples of this lesion, and only one terminated fatally: in this case although the breath and sputa were extremely fetid during life, no unpleasant smell was perceptible at the post mortem examination.—Dr. T. F. Duncan attaches more than usual importance to the influence of moral causes in the production of Phthisis.—Dr. F. Churchill in a paper on the Mental Diseases of Pregnancy and Childbed, appears to us to have given undue weight to the experience of others, and too little to his own.—Dr. Smith relates a case of disjunction of the lower epiphysis of the humerus.—Dr. Kennedy inculcates the necessity of not abandoning treatment in the paralysis of early life, and amongst the most likely means of cure he enumerates alterative doses of mercury, long continued, combined with exercise, friction, counter irritation, electricity, &c.

DUBLIN MEDICAL PRESS.—Dr. Jacob believes that gutta percha may be used more extensively in surgical practice than at present, with great advantage. Dr. Benson although admitting the value of cod-liver oil, is disposed to think that in some cases it produces congestion of the lung.—Mr. Madden treated a case of aneurism of the popliteal artery by compression: on the eleventh day after the use of pressure, the man died from the bursting of an aortic aneurism.—Drs. Hutton and Bellingham disagree as to the originator of the

cure of aneurism by compression. Dr. Hutton quotes Mr. Todd's remarks in 1822, where he speaks of effecting a cure by *diminishing* the current of the blood.—Dr. Bagot thinks that the cheap fish oils are as efficacious as the cod-liver oil.—Sir J. Murray believes that electric currents emanate from the spleen to the stomach during digestion.

EDINBURGH MONTHLY JOURNAL.—Professor Simpson shews the advantage of the use of sponge tents in dilating the os uteri for the detection of intra-uterine polypi, by which practice a polypus when affixed and sessile may be detected upon the fundus of the uterus. The Professor mentions 12 cases to prove the good effects of this mode of treatment.—Dr. Christison concludes that $1\frac{1}{2}$ grain of prussic acid will produce death; that no odour may be present, and that the notion is erroneous that a piercing cry precedes death in all cases.—Professor Syme has tied the femoral artery eighteen times, without any bad effects from the operation; in sixteen, either for popliteal or femoral aneurism; fifteen were cured, the sixteenth died, after apparently doing well, through suppuration of the tumor. We presume the patient died in consequence of the operation. Mr. Syme's *prejudice* against the use of pressure has not subsided; he says, "it has failed in Edinburgh." We believe because it has not been *properly* applied.

LONDON JOURNAL OF MEDICINE.—Dr. S. S. Allison records the good effects of tannic acid in various diseases, the dose varying from one to ten grains, three or four times daily.—Dr. James Turnbull believes in the curability of pulmonary consumption by cod-liver oil, and has satisfied himself of the healing of a cavity. We have seen the good effects of this medicine in Phthisis and other diseases, but we are less sanguine than Dr. Turnbull.—Dr. Routh shows by statistical tables the procreative power at various ages. The age of greatest fecundity in males is from 31 to 33, in females 26. The earliest and latest limits of procreative power, according to Dr. Routh are 16 and 66 for males, 15 and 55 for females.—Dr. J. H. Bennet thinks those who have written against the use of chloroform in midwifery, have been influenced by prejudice and not by their experience.

LANCET.—Dr. Tyler Smyth points out the relations and differences between epilepsy and the puerperal convulsion.—Mr. Erichsen in a case of strangulated femoral hernia, after opening the sac, found that the stricture was not in the sac or at the ring, but in drawing the knuckle of intestine downwards, it was seen begirt by a narrow band stretching from the omentum to the mesentery.—Dr. Cattell believes from experiment that the ferrate of potassa, and the dry peroxide of iron are the best antidotes in poisoning by arsenic.—Mr. Knott a case of emphysema of the neck caused by violent coughing.—Dr. Thompson states that the first epidemic scarlatina prevailed in Auckland, New Zealand, on the 5th. of April, 1848. Syphilis and Hooping-cough have also been introduced into this country by Europeans.—Mr. Waterland, a case of perforating ulcer of the stomach in a girl *æt.* 20.—Mr. Tanner reports an example of the successful treatment of puerperal convulsions by chloroform.—Dr. T. Power claims the credit of being the first to assert (1819) the germs of the doctrine of

the reflex action.—Mr. Beardsley arrested the bleeding after the extraction of a tooth with a composition of gutta percha, tar, creosote and lac.—Dr. McCormac met with polypus of the bladder during parturition, which materially impeded the passage of the child's head.—Dr. Hassall's analysis of the water of the Thames, shows that it contains a considerable quantity of organic matter, both dead and living, and that it holds in suspension an enormous quantity of earthy particles; in solution much fluid organic matter, as well as the sulphuretted, carburetted and phosphuretted hydrogen gases.—In a case of acute Laryngitis in a boy æt. 11., Dr. Fairbrother bled the patient to 24 ozs. and gave calomel and tartarized antimony at short intervals with success.—Mr. Nox records a fatal case of vomiting of blood in an infant, the stomach contained three or four ozs. of dark grumous blood, and its villous coat was dissolved: slight traces of mercury and oxalic acid were present.—Mr. Erichsen in cases of hydrocele where iodine injection failed, effected a cure by means of the seton.—Dr. Tilt in several papers affords important information on the chronic forms of ovarian disease.—Mr. Milton speaks of the good effect of tartar emetic in inflammation of the cellular tissue.

MEDICAL TIMES.—Dr. Rigby believes retroversion of the uterus to be not an uncommon cause of sterility.—Of 38 cases of acute Pericarditis treated by Dr. Taylor of Huddersfield, 17 recovered, and 21 died. In 9 the pericarditis had very little to do with death; two thirds of those who died had disease of the kidneys. Of the 21 who died, 19 were in bad health. The duration of Pericarditis increases in proportion as the time is longer between the commencement of the disease and the first bleeding; and the beneficial effect of bleeding was better marked in the cases in which it was copiously repeated, and early practised.—Dr. Keal records a case of Laryngismus Stridulus supposed to arise from hypertrophy of the thymus gland. Dr. E. Morris of Spalding, excised the head of the femur, and the patient at the time of the report appeared likely to recover.—Mr. W. Harvey in some cases of deafness has produced great benefit by perforating the membrana tympani.

LONDON MEDICAL GAZETTE.—Dr. Alfred Taylor mentions a curious example of rapid decomposition of the body and concludes that there is no evidence to show that lime quickens putrefaction.—Mr. Robinson in a case of acute Bronchitis with impending suffocation, plunged the infant into a cold bath and then after five minutes into warm water. The child recovered.—Dr. Child relates a remarkable instance of Elephantiasis Scroti of large size. The tumor was removed, and the man died 4 hours after the operation. Chloroform was administered. The case bears a great resemblance to the one operated upon by the late Mr. Key of Guy's Hospital.—Mr. Barlow alludes to the muscular contractions occasionally observed after death from cholera, and thinks they are caused by a stimulus acting within the muscles.—Mr. Haily treated idiopathic tetanus successfully by Galvanism.—Dr. Robinson was called to a woman æt 42, who was bleeding from a scrofulous ulcer of the neck; he placed a ligature on the common carotid; the patient died after slight hemorrhage on the fourth day. An ulcerated opening was found in the common carotid

artery near its bifurcation. Bleeding to a fearful extent had occurred from the ulcer eight months before death.

PROVINCIAL JOURNAL.—Dr. May records four cases to show the tolerance of injuries occasionally exhibited by the brain.—Mr. Pritchard in 100 cases of blindness found the causes to be, injuries 17, small-pox 13, cerebral disease 23, inflammation 16, ophthalmia neonatorum 6, measles 2, congenital causes 11.—Mr. Smerdon relates a case of pulmonary affection simulating phthisis, which recovered. Probably, we think, abscess of the liver opening through the diaphragm into the lung.—Mr. Pickop attended a man who died of inflammation and ulceration of the stomach; he took an ounce and half of cayenne pepper from Saturday to Wednesday. Dr. Oke says, cod-liver oil was first employed in the Manchester Infirmary in 1776 for the cure of chronic rheumatism.—Mr. Paget (of Leicester) thinks the chance of relief from operation in malignant disease is in inverse ratio to the rate of progress shewn by the disease.—Mr. King in the treatment of puerperal convulsions trusts chiefly to brisk cathartics at the onset followed by occasional opiates; three cases are narrated to shew the good effects of this plan of treatment.

MEDICAL SOCIETIES.

WESTMINSTER.—Mr. Henry Smith exhibited two specimens of the upper extremity of the femur, consisting of the head and trochanter major, which had been removed from the living body by operation; the one by himself, and the other by Dr. Morris, of Spalding. Mr. Smith “did not bring forward these specimens for the purpose of arguing about the propriety of the operation of excision of the head of the femur, as that was now a settled question, but merely with the object of showing the pathological differences in the bone, so beautifully marked.”—Dr. H. Bennett brought before the Society a new caustic composed of potassa fusa and lime, chiefly for the treatment of uterine diseases. It is formed into cylinders of various sizes like the nitrate of silver.—Mr. H. Walton showed three specimens of the heads of femora excised during life.—Mr. Childs exhibited a plumb-stone which had been voided by the umbilicus, the patient a boy æt. 4; fæcal fistula was the result—Dr. Garrod read a paper on the connexion between gout and rheumatism:

“Gout is a disease of advanced age; rheumatism of youth. Gout is more common among men; rheumatism affects both sexes alike. Gout, at first at least, attacks the plethoric, and those who live high; rheumatism generally the debilitated from any causes. Gout is frequently hereditary; rheumatism, if at all so, incomparably less so than gout. The exciting causes also differ. Gout is induced by high living, by certain indigestible food, or by local injury, in those strongly predisposed; cold is the principal exciting cause of rheumatism. The rich are more subject to gout; the poor to rheumatism. Gout frequently presents premonitory symptoms, affecting the digestive organs, which is not the case in rheumatism. Gout attacks the small joints; rheumatism the larger. In gout, one joint, generally, only is affected; in rheumatism, many. In gout of long standing the large joints may be attacked, and also more than one; sometimes again, in rheumatism, the smaller joints are involved. In both diseases, the affection of the

joints is accompanied by pain, redness and swelling ; but in gout, the pain is generally more severe, and the redness and swelling greater than in rheumatism. In gout, we have œdema and subsequent desquamation, which do not occur in rheumatism. The fever in gout is proportioned to the local inflammation ; but it greatly exceeds it in rheumatism, and there is frequently profuse sweating of an acid character. Metastasis rarely occurs in acute gout ; and when it does, the brain or stomach suffers, the heart seldom or never ; in rheumatism, the heart is frequently inflamed, and the secondary affection becomes the most important. Chronic rheumatism is more frequent than chronic gout ; the latter is frequently accompanied by the secretion of a milky fluid, which constitutes chalk-stones or tophaceous deposits. Their composition is peculiar, consisting almost entirely of urate of soda, and sometimes phosphate and carbonate of lime. In the fluid state, the needle-like crystals of the urate of soda can be readily detected under the microscope. They are met with on the joints of the hands and feet, which they distort and even dislocate, also in and around the sheaths of tendons, and even in the cancellous structure of the heads of the bones. (Specimens, one weighing 2 oz. when fresh, were exhibited.) Colchicum possesses an almost magic power in relieving the pain in gout, but is not attended with such marked benefit in the acute form of rheumatism."

MEDICO-CHIRURGICAL.—Mr. Clarkson gave a case of intestinal obstruction, in which the descending colon was opened in the loin. The woman lived fourteen months after the operation. A similar case is related by Mr. Field, and the man in this instance lived one year and nine months. Dr. Basham related a case of stricture of the œsophagus, fatal two years and three months after accidentally swallowing soap-lees.

SHEFFIELD.—Dr. Bartolome read the following extract from a Spanish newspaper published in the Havanna :

"At the request of Don Esteban de Sotolongo, the proprietor of the College of Santo Angel, we readily give admission to the following extraordinary fact :—

"There is at present in the above-named establishment, an orphan youth, named Alejandro Monter, thirteen years of age, and born in the quarter of Jesus Maria, in this district, who presents the remarkable phenomenon of having the heart on the right side, in a situation exactly similar to that which it ought to occupy on the left side of the chest. He has always been in the enjoyment of perfect health ; his complexion and hair are fair, and he is always happy and satisfied, the only peculiarity about him being the extraordinary sensation which he experiences when his body is plunged into cold water ; for which reason he never ventures to bathe. Many persons in this city have already examined him, and we are requested by Sig. Sotolongo, to invite the curious to judge for themselves. The youth Monter is always to be found during the day at the above-named College."

Lancet, Times, and Prov. Journal.

"Physick, says Sydenham, is not to be learned by going to universities, but hee is for taking apprentices ; and says one had as good send a man to Oxford to learn shoemaking as practicing physick."

LONDON MEDICAL EXAMINER.

JUNE, 1850.

THE WORCESTER COUNCIL OF THE PROVINCIAL ASSOCIATION.

In our April number we thought it our duty to cry treason in the camp, and to caution the provincial practitioners against the slippery proceedings of the Worcester Council in these words, The greatest enemies of progression have been in our own profession. Thus the members of the Provincial Medical and Surgical Association, who have been praying for uniformity of qualification and the representative system of government for many years, are hoodwinked by *names* and *titles*, and allow men to steer their vessel 'whose course is not their course, whose port is not their port,' and who, although their feeble cry is for One Faculty harbour, would rather run the vessel against the Scylla and Charybdis of Pall Mall and Lincoln's Inn. The members of this Association, at their last anniversary meeting at Worcester, drank success to the Medical Corporations, and feasted and applauded Dr. Burrows, who said in his Parliamentary evidence,—

"That five neighbouring practitioners might club together to ruin a man, although there may be no truth in the charge, and very little evidence to support it. The general practitioner is merely expected to practise his profession. When a physician is called in, in consultation, he is expected to teach. Not necessary that the general practitioner should have a strict knowledge of pathology; and that he has not such severe and complicated cases to deal with as the physician. That the majority of those who enter into the profession of medicine, enter into what is commonly called the lower grade of the profession, and they are persons generally of humble means; their means have not allowed them to obtain an extended education; their preliminary education has generally been very much neglected, and they just get as much medical knowledge as will enable them to fill certain public situations, such as surgeons under the poor law, or assistant surgeons in the navy, or they commence practice in a small way. That if a highly educated gentleman went into a country village, or into a part where education was not so much diffused, the people would not appreciate those high qualifications, but it would be rather a bar to the success of the individual among that class of persons. That a surgeon does not require so much patient thought and cool deliberation as a physician. That the distinction between the practice of the physician and surgeon is as clear as night and day."

Before the performance of the above farce they expelled from their association Mr. Edwards, for meeting in consultation Mr. Blake, the Taunton pastry-cook, who had passed the College of Surgeons, by means of false certificates. Not one word, however, was said condemnatory of the College, or its examiners! Mr. Edwards, according to the resolution was expelled, *only* for 'habitually consulting with an unqualified person.' Now we suspect that many of the 129 gentlemen who were present on this occasion are not *legally* qualified to practise medicine south of the Tweed. And to crown the farce, Dr. Hastings, the President, is not himself, although an Edinburgh M.D., a legally qualified practitioner.

In our first number (March) we entreated the general practitioners not to allow the Colleges of Physicians and Surgeons to form their examining Board; a scheme long contemplated by these bodies, who like the Jesuits have worked covertly and in the dark, and have been aided and abetted by the Worcester Council. We now give

the Memorial of this Council to Sir G. Grey, and beg of the reader to mark those parts which *we* have placed in italics.

Memorial of the President and Council of the Provincial Medical and Surgical Association, to be presented to Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.—Sheweth that your Memorialists consist of the President and Council of the Provincial Medical and Surgical Association, which is a Society composed of Physicians, Surgeons, and General Practitioners, principally resident in the provinces, amounting in number to nearly 2,000, and united together for the advancement of science, as well as the general well-being of the medical profession. That your Memorialists have taken *special care to ascertain the sentiments of the whole body to which they belong* on the subject of Medical Reform, and for that purpose have caused meetings to be held of the Lancashire and Cheshire, the West Somerset, North Wales, Yorkshire, Bath and Bristol, Shropshire, South Eastern and South Western branches, of which this Association is composed, and at which meetings resolutions were passed, upon which the following principles of Reform in our existing institutions are based. Your Memorialists therefore beg to impress upon your attentive consideration—1st. “That the only principles which will be satisfactory to the profession are the following, viz. :—‘Uniform and sufficient qualification in every branch of medical science; equal right for all so qualified to practise throughout her Majesty’s dominions, and the adoption of the representative principle in the formation of the Councils or governing bodies.’ 2nd.—“That in order to carry out these principles it is desirable that the *Colleges of Physicians and Surgeons should be re-modelled*, giving to all members, without other restriction than that of *respectability and good character*, a vote in the election of officers, and in the general management of their affairs.” 3rd.—“That after such remodelling of the constitution of the existing Colleges, it is also desirable to appoint a joint Board of *Physicians and Surgeons*, with the aid, if necessary, of competent examiners in midwifery and pharmacy, who shall examine every candidate desiring to enter the profession in medicine, surgery, midwifery and pharmacy, and shall, on his passing such examination to their satisfaction, issue a diploma or license to practise all or any of these branches of the profession, in any part of her Majesty’s dominions.” 4th.—“That subsequently only to the granting of the above diploma or license, and under such regulations as may be considered necessary, every such licentiate shall be entitled to present himself for examination to the respective *Colleges of Physicians and Surgeons*, who shall, if he be found duly qualified, grant such further title of honour as may be thought expedient.” 5th.—“That your Memorialists are unanimous in opposing the establishment of a new *College of General Practitioners*, believing that it would add a fresh element of confusion and discord, and that it would tend to lower the *status* and efficiency of the surgeons engaged in general practice, of which this Association is chiefly composed. But if difficulties of an insurmountable nature should prevent any other settlement of the claims of the General Practitioners, your Memorialists submit that a *considerable section* of the Provincial Medical and Surgical Association look to the establishment of the proposed New College as a last resource.” 6th.—“That your Memorialists have reason to believe that the *Colleges of Physicians and Surgeons are ready to undertake the examinations as above proposed*, and that the Society of Apothecaries have very laudably expressed their willingness to resign, into competent hands, the management of the examination in medicine and pharmacy, which they have undertaken since the year 1815, but which your Memorialists consider can only be carried on with satisfaction to the profession, and justice to the public, as a part of a general examination, which should be compulsory on all parties entering the medical profession.” 7th.—“Your Memorialists therefore pray that you will be pleased to advise Her Majesty to grant a new *Charter to the Colleges of Physicians and Surgeons*, on the principles above defined, which have been so long advocated in all other corporations by Her Majesty’s present Government; and that you will in addition introduce such a bill during the present Session of Parliament as will carry into effect the education and examination of the surgeons engaged in general practice, by means of the existing institutions; which plan your Memorialists believe will materially advance the interests of the public, by providing well-qualified medical practitioners, and will satisfy the wants of the great mass of the profession, and especially of the

large number of surgeons engaged in general practice represented by your Memorialists."

(Signed) CHARLES HASTINGS, M.D., PRESIDENT.
JAMES P. SHEPPARD, SECRETARY.

But of whom is the Worcester Council composed? We suspect that the undermentioned gentlemen alone form it, but we shall be glad to correct the error if our surmise be unfounded, W. H. Ranking, M.D. Camb., and J. H. Walsh, F.R.C.S. joint editors of the Journal, J. P. Sheppard, F.R.C.S., C. W. Hastings, M. D. Edinburgh.

In the second question to the district branches, the Worcester Council says, "the alteration in the charter of the College of Physicians in the manner proposed by them, and *generally approved of by the profession.*" What a bare-faced assumption is this; there is not a tittle of evidence to show that this charter is approved of by the profession. "*In virum bonum non cadit mentiri emolumentum sui causæ.*" How does this charter square with the principles of this association, which if *properly interpreted must mean a Faculty of Medicine!* Here is the scheme of this bankrupt institution for "raising the wind"—*auri sacra fames*—the council of sixteen to be elected by the 200 fellows—vote by proxy not allowed. The president to be elected by the 50 senior fellows, and he is to elect the 4 vice-presidents, treasurer, and registrar, and all *these are eligible for re-election.* The members are to be called associates, and are to have *no voice in the election.* All graduates of British Universities who passed their examination *before* January, 1842, and who are not engaged in pharmacy, may become associates *without examination*, by paying £25 exclusive of stamp duty. This liberal College embraces for gold, all unqualified Scotch doctors who passed their examinations ten years ago; whilst those who have obtained their diplomas *since these examinations have been improved*, are rejected. But mark this, ye general practitioners of England; this College takes into her needy arms these illegal practitioners, whilst you, members of the Hall and College, who have passed a better examination, are spurned from her portals. Mr. Bacot in his parliamentary evidence stated (383), that a larger proportion of Scotch students had been rejected by the Apothecaries Company than of students from other schools, and that the rejections had been most numerous *among the students from the University of Edinburgh; many members and fellows of the College of Physicians would we believe have deservedly shared the same fate.* There is as much necessity for the apothecary to examine the physician and surgeon, as there is for the physician and surgeon to examine the apothecary. Every man who prescribes, should know the proper mode of preparing and of compounding drugs and chemicals. Now for the Charter of the College of Surgeons. The manifesto of the Council to Sir G. Grey, dated April 23rd 1850, tells the general practitioners very plainly what they have to expect from this body. The Council is afraid that a "National Institute of Medicine and Surgery" would *contract the influence* of the College of Physicians, and tend to abolish *beneficial distinctions.* What a blow to medical science, ye *disinterested* Councillors! But mark the subjoined extracts from this manifesto: "The *claims* of the College should not be

overlooked or forgotten by the Government.—The name and privilege of a fellow are limited by no other conditions or restrictions than those of *moral* character, of *high* education, and of *superior* professional attainments.—The *immature* state of the profession represented by general practice.—The vendors of drugs and other *uneducated* persons.—The interests of the general practitioners inclusively, by entrusting its contemplated functions to the College of Physicians.—*The College of Physicians without a dissentient voice have acceded to the proposal.* What a liberal concession! But will the general practitioners of England agree to the proposal? Will they bow their heads to this “stiff-necked generation;” to men who have “morality” on their lips but selfishness in their hearts, and who carry their pride, ignorance and bigotry, to the very chambers of death.

Having thus far enlightened the reader respecting these Charters, we proceed to discuss the *principles* of the Worcester Council as *expressed* at the district meetings, and we shall have no difficulty in proving that the members of the Worcester Council have acted the part of jackalls to the metropolitan lions. We first mention a circumstance with which we are more immediately concerned. It is stated in the Provincial Journal, for May 1, in the report of the meeting of the South Eastern Branch, that the following resolution was carried:

“That the Colleges of Physicians and Surgeons might, in the opinion of the meeting, be so modified, as to meet the necessities of the general body of medical practitioners.”

Now this resolution was lost by the subjoined amendment:

“That looking to the past and present history of the Colleges of Physicians and Surgeons, this meeting is of opinion that these bodies should not be entrusted with the sole examination of the general practitioners of England.”

The following resolution which must interest every provincial practitioner was carried *unanimously*, but it is excluded from the report in the Provincial Journal:

“That this meeting begs to express its disapprobation of the present constitution of the London Examining Boards, and of the unjust and unmerited exclusion of the provincial practitioners, many of whom as regards practical knowledge and scientific attainments are quite equal to their metropolitan brethren.”

We apprehend if this meeting had passed a resolution to the effect that the Worcester Council had perverted the truth, and basely betrayed its trust, that the chairman should have sanctioned its publicity. But let us consider the *purport* of the under-mentioned resolutions:

CHESHIRE AND LANCASHIRE BRANCH.—“That this meeting is convinced that no modification of the Charter of the College of Surgeons will be accepted by the members which does not recognise the eligibility of surgeons in general practice to seats in the governing body.”

The WEST SOMERSET BRANCH.—“Prays for *one* Incorporation formed on the representative principle by the union of the Colleges of Physicians and Surgeons, and the *Apothecaries Company*, and if these bodies do not consent, a new and separate incorporation should be sought.”

NORTH WALES BRANCH.—“That this meeting is of opinion that there should be *one common portal* by which all men should enter the profession; that the fundamental laws of medicine should be known by the surgeon, and the leading principles in surgery be understood by the physician. It also reprobates any enactment which would debar the general practitioner, (because he practices midwifery, or supplies medicines to his private patients,) from the Council, or

any other honourable *status* in his profession, which talent and character would otherwise entitle him to."

YORKSHIRE BRANCH.—"That this Branch still maintains the opinion so often expressed at its various meetings, that an Examining Board should be established by Her Majesty's Government, at which *all* who purpose to practise the profession of medicine, shall undergo an examination, which shall be the test of their fitness to practise, and that a certificate of such examination shall constitute the only legal qualification for practice throughout the whole extent of Her Majesty's dominions."

BATH AND BRISTOL BRANCH.—"That this meeting, having heard that the Apothecaries' Company have declared their readiness to give up the control over the education of the general practitioner, which they have so long exercised with marked advantage to the public and to the profession, concur in the suggestion that for the future the qualifications of the general practitioner shall be tested by a Board of Examiners, appointed conjointly by the Colleges of Physicians and Surgeons, such examination to extend to every branch of the profession."

SHROPSHIRE BRANCH.—"That no scheme of medical reform can be consistent with the principles of the Provincial Medical and Surgical Association, nor effectual nor permanent, unless it provide for the efficiency and respectability of the whole profession, by securing for *all* the adoption of *one uniform standard of education*, combined with such examinations as shall be a fair test of qualification in each of those sciences, a knowledge of which may be considered necessary to the formation of a competent medical and surgical practitioner."

SOUTH WESTERN BRANCH.—"That the existing Colleges and *Company of Apothecaries* constructed in harmony with the alterations proposed and duly represented, are sufficient for the purposes of such examinations, and of granting diplomas and license to practise throughout the whole extent of Her Majesty's dominions."

The Manchester memorial objects to a new college, but recommends the addition of surgeons in general practice to the examining board, and that the Council should be representative. The Shropshire associated physicians and surgeons pray for *public* examinations. The Gloucestershire Association, and the surgeons of Essex, recommend that the outlines of the intended Charter be made public, so that they may be *fully discussed by its members*. The National Institute prays that the general practitioners may elect their own examiners and manage their own affairs.

We now request the reader to turn to our plan of government (page 32), and ask himself whether these resolutions do not generally support the views we there advocated, and whether the Worcester Council is justified in assuming that the two thousand members of the Association are anxious to admit once and for ever their inferiority; "*their lower grade*," "*their immature state*," "*their certain extent of knowledge in medicine and surgery*," and to bow themselves before gold maces and Swiney cups. The National Institute would be ten times preferable to this thralldom! We have always opposed the College of General Practitioners on account of the *name*, and because its objects are *local*. We have never doubted that the general practitioners could form a good and efficient examining board from their own body. According to our plan *every member* of the profession has a vote in his own University, College or Hall, and there is *uniformity* of qualification and examination in the three kingdoms without which any system of reform must be *baseless and unstable*.

PARLIAMENTARY EVIDENCE 1834.

In connexion with the foregoing, we direct the reader's attention to the subjoined extracts from the evidence before Mr. Warburton's committee. We have placed those parts in italics which we wish especially to be noticed.

COLLEGE OF PHYSICIANS.—Dr. J. A. Wilson, Fellow 1610. "I would wish, on many accounts, to have the entire body of Physicians in this town really represented in the College; and to avoid all heart-burnings and jealousies, and possible canvassing among friends, for the purposes of election, I would wish, as much as possible, to do away with all analogy between the College of Physicians *and the clubs in the neighbourhood of the College.* 1611. What clubs do you allude to?—The clubs generally of the town. I should wish to do away with all exclusive distinction of the fellows that was not founded on medical attainments and general character. 1612. Does the statute still exist requiring a person, before he becomes a candidate or fellow, to call upon the president and each of the fellows resident in London and seven miles round it?—*It does;* before he applies to be examined as candidate or inceptor candidate. 1613. Do not you think that statute bears too much the appearance of *private solicitation*?—I hardly think that; it is a courtesy. 1614. Is it not unnecessary?—It is unnecessary, and it is almost in practice obsolete. I occasionally receive cards of that kind, but not from all those who apply for examination. 1615. Then it is not considered a marked omission, if the party does not call?—It is not by me: perhaps I may state another reason for my objection to this plan of *selection and ballot*, that I would wish to avoid by all possible means the chance of attaching stigma by exclusion to any competent physician who was not *selected and elected.* Under the plan here proposed, it seems to me that a licentiate might be passed over by the College, *from mere circumstances of manner, from his not putting himself sufficiently forward; from not meeting with the fellows of the College in the neighbouring clubs, or in general society.* I would wish to avoid the possibility of a man of retiring habits (supposing him to be a physician of good attainments and character, and competent to execute the offices of the College) being injured by rejection *even for one year, or, as it might be, for a series of years, with no fault on his part.*

Dr. A. Henderson, Licentiate. "3314. Were you intimately acquainted with the late Dr. Mason Good?—I was. 3315. Was he an eminent man as a scholar and a physician?—He was very much distinguished. 3316. Did he fail on his application to become a licentiate?—I understand that on his first examination by the Censors Board, he was rejected. 3317. Did you hear whether, after his being rejected, any of the examiners called upon him to express their dissatisfaction at the result?—He told me that he had been informed that the motion for his non-admission had been carried by a majority of three out of five; and two days after *he received separate visits from the three censors who were present, (one of the censors, I believe, was absent,) each of whom expressed his regret and astonishment that such a circumstance should have occurred.*

Dr. James Johnson, Licentiate. "3614. You have stated in the eighth volume of your Journal, that, for the remarks you made in the paper referred to, the College had it in contemplation to subject you to a vote of censure? Yes; for that statement I have the authority of the gentleman who moved the College to cite, and if necessary to censure me. 3615. What is the name of that gentleman? Dr. Paris. 3644. You underwent an examination in order to become a surgeon for the navy? Yes, more than one or two. 3645. You also underwent three examinations before the College of Physicians? Yes. 3646. Which of the two was the best test of your medical qualifications? The examination by the College of Physicians was *no test at all*; the three examinations did not last above *28 minutes altogether.*"

Dr. James Clarke, Licentiate. "3680. How long did your examination last?—I should think *considerably less than half an hour.* 3681. Was it such an examination as would afford a fair test to the examiner of your being well or ill qualified to practise medicine?—*I do not think it was.* 3682. Was it strict or slight?—I think it was *slight.* 3683. What omissions were there of any particular branches of medical science?—I was chiefly examined on the practice of medicine: *a few questions were also asked me on anatomy.*"

Dr. Neil Arnott, Licentiate. "2427. How long did your examination last?

—From 20 minutes to half an hour each time. 2429. What subjects were omitted in your examination which you think ought to have been introduced?—The examination I have stated was *very limited*. In anatomy, for instance, few questions were asked; the structure of one or two parts of the body was described, and that was a specimen of the applicant's knowledge of anatomy; in the same manner the history of disease was required as a specimen in that department, and so forth. I may remark, as a defect in the trial, that if the licence of the College of Physicians was to be considered as conferring the right to *practise midwifery*, no mention was made on that subject in my examinations, and I believe never is."

Dr. James Copland, Licentiate. "3262. Were you ever a candidate for any of the London hospitals?—I was a candidate for the Middlesex, about nine or ten years ago. 3263. Who was your opponent?—Dr. Francis Hawkins was the successful opponent. I believe there were one or two others, but I did not go to the poll. 3264. Why did you not go to the poll?—I found in canvassing the governors, that the influence exerted for a fellow of the College by his associates had put success out of the question; and therefore it was only an unnecessary trouble to go to the poll."

Dr. J. Kidd, Regius Professor of Medicine in the University of Oxford. "4472. During the period of your professorship, have you had occasion to reject any candidate on account of insufficiency in his studies of medicine?—No. 4473. What number have taken medical degrees during that period?—On the average not above three in a year. The following is a return extracted from the registers of the University: From 1822 to 1834, (13 years) 15 took the degree of M.D., and 28 that of M.B.

Dr. J. Elliotson, Fellow, 1779. "In what estimation do they hold Oxford and Cambridge (on the Continent) as schools of medicine?—I never heard them mentioned."

APOTHECARIES COMPANY.—John Nussey, Esq. Master of the Company. "2. State according to legal decisions what an Apothecary is? It was decided in the reign of Queen Anne, I think, in the case of the College of Physicians *v* Rose, that an Apothecary was to ascertain the *nature* of a disease, and to treat that disease. I can refer to proof of that. 5. The supplying of medicine is an essential part of it? That is as it may happen; in my situation in life I am sometimes called upon to prescribe, to give my opinions without sending medicine. 151. How long should the apprenticeship last? I should say three years would be quite sufficient, perhaps two. 164. Is not the time often spent in menial occupations? I am not aware that young men do follow menial offices, *I know of no such instances*. If it were possible to equalize the system of education, and make it the same throughout the three kingdoms, we are ready, I believe, to grant the fullest reciprocity." 227. I approve of a general registration of all legally qualified practitioners."

Dr. G. Man Burrows, Chairman of the General Association of Apothecaries, stated, 252, that the Apothecaries' Act, of 1815, was opposed by the Colleges of Surgeons and Physicians. No general practitioners petitioned against it, except two on the very day of its passing the Lords. It was strenuously opposed by the chemists and druggists. The act differed much from the leading points of the proposed bill. The opposition was ENTIRELY confined to the Colleges of Physicians and Surgeons.

John Bacot, Esq. "407. Is it principally in pharmacy that the Scotch students who are rejected are found to be deficient? In latin, very frequently, in pharmaceutical chemistry, in *materia medica*, and the knowledge of drugs. Some of them are *wholly ignorant* of the character of drugs."

COLLEGE OF SURGEONS.—B. C. Brodie, Esq. "5648. I do not know that on the whole any bad selection has been made of members of the council. If the council were elected by the general body of members, the constituency would be too large; there should be a *first grade* for all branches of the profession. 5668. How numerous in your opinion would the elective body composed of the members of the *higher grade* be? A considerable number at this moment have an education which would fit them to be of this *superior class*, but I cannot tell the exact proportion. 5677. I consider surgery to be the *most useful and the most scientific branch of the medical profession*. 5683. Surgery is a new profession altogether within the last fifty years; Dr. Kerr, one of the most distinguished country physicians, was also one of the most distinguished country

surgeons. 5762. Have they been rather physicians than surgeons in France ? *I think they have, so far as I know.*"

Let the reader examine the evidence for himself, and then see how exactly these *opinions square with the obnoxious charter?* *Grade, grade, grade*, is Sir Benjamin's text. We expect they have aristocratic skeletons at St. George's.

Mr. W. Clift stated, "that ten folio volumes of Hunter's manuscripts had been destroyed; that he had transcribed several of these manuscripts for Sir E. Home's papers in the Philosophical Transactions, and that Sir Everard used them for his own special purposes." Mr. Clift learnt this accidentally from Sir Everard, who said, "when burning the manuscripts the engines came, and the firemen insisted upon taking possession of the house." Mr. Clift then cut Sir Everard's acquaintance. "5187. Was any meeting held for censuring Sir Everard Home, or for excluding him from the Council? Not to the best of my knowledge. 5188. You do not know of any vote of censure passed upon him? Not that I am aware of. 5189. Did he continue to be a member of the Council until near the day of his death? I am not sure: he died a trustee of the museum: the trustees did not communicate the loss to the government."

We refer the reader to a letter of Sir B. Brodie's in the *Lancet* of the 11th of May, where he speaks of the "great error" Sir E. Home committed in passing off Hunter's Observations for his own. Some people, unconnected with medical corporations, and who boast less of their morality, would call *theft a crime*.

G. F. Guthrie, Esq. "4770. The practice of pharmacy should exclude from a seat in the Council. I do not profess to be a good practitioner in pharmacy. Practitioners in midwifery *should be excluded* from the Council. They were excluded by a bye-law, July 3, 1788. The sum for disfranchisement used to be 40 guineas, but it is now 10 guineas. If examinations were public, instead of rejecting one out of seven or eight, we should probably, for some years to come, reject one out of every two or three. 5258. Does not a surgeon of the Guards of necessity practise pharmacy? No, he has an *assistant*. 5270. And you all practise thus (medically) under the title of surgeon? A surgeon, as I said yesterday, *does every thing*. 5379. The treasurers, or governors of hospitals have almost invariably appointed the *best men*. 5285. Does not the practice of midwifery belong rather to surgery than to pharmacy? To surgery, decidedly. It is the public that stands between the midwife and the College of Surgeons. The public say, 'A midwife you are, and a midwife you shall be, and *nothing else*:' and there never was yet, *as far as I know, a very eminent midwife that was an eminent surgeon*. 5293. According to your own admission he may be eminent in surgery although he practises pharmacy or midwifery? No. 5294. You think it impossible? Yes, *in the present state of public opinion*."

Hear this, ye provincials! What will our Scotch and Irish neighbours think of this? Mr. Guthrie's knowledge of medical literature is confined, we suppose, to "the Peninsula." We refer Mr. Guthrie to Velpeau's "*Traité Complet de l'Art des Accouchements*," and to his "*Médecine Opératoire*." We are almost ashamed to express our belief that England never produced a "*pure surgeon*" who was capable of writing two such works as these. So much for Mr. Guthrie's obstetric opinions.

J. H. Green, Esq. "6488. Those of the higher grade only should be eligible as members of the general Council, and as Hospital surgeons and physicians. Do you approve of the Concourses? No. 6528. *A certain part of the education only* should be conducted at provincial schools. 6565. Surgeons that practise midwifery should be excluded from the Council of the College of Surgeons. 6572. Popular election does not belong to a profession."

Mr. Green would not class the Veterinarians with professional men we suppose, but the members of the Veterinary College *all have a*

vote in the election of their council, and they take a better position in the army than the human doctors and surgeons do, in the navy.

W. Lawrence, Esq. "6064. There should be a general examining board, composed of delegates from the College of Surgeons, College of Physicians, and the Company of Apothecaries. The Apothecaries should examine in pharmacy at all events: I do not know that the examination in chemistry and materia medica should be entrusted to them. 6085. The higher *grade* should be the only surgeons eligible into the Council. Hospital surgeons should be limited to the higher *grade*. How many beds in an Hospital should entitle it to recognition? Not below 100. I should be very sorry myself to pay according to the physic, if I was ill. Mr. Lawrence did not know that a general practitioner could receive even 2s 6d per visit, or that he could recover any thing.

But hear *the* Mr. Lawrence of 1826: the speeches were published by himself:—

"While the science has been extended, and its literature enriched abroad by the Mascagnis, the Caldanis and the Scarpas, by the Soemmerrings, Walthers, Prochaskas, Reils, Tiedemanns and Meckels, by the Bichats, Bécards and Cloquets, we can hardly mention a single Englishman whose name is known as an anatomist beyond the shores of the island.

"I think that all the honours and rewards which the profession can confer, should be open to all the members alike, without respect of persons or classes, and that the only distinctions which ought to be recognized, are those which talents and industry may be capable of achieving for themselves.

"But if, gentlemen, any of you should wish to have the honour of a personal interview with those to whom I have alluded, I think I could show you how to accomplish that purpose. If you suggested an appointment, with the view of obtaining their superior professional judgments, I pledge myself to you, that, whatever dislike might be indulged or expressed on other occasions, you would be sure not merely of a polite, but a most cordial reception. Not a whisper would be heard of any indisposition to co-operate with you on such an occasion; if I am not mistaken, the right hand of fellowship would be extended towards you; every wish would be shown to cement so pleasing a connexion, and you would meet with the amplest encouragement to repeat the visit.

"The denomination of *pure surgeon* which some so highly value, has become rather a term of ridicule and contempt. It implies, not a higher, but a lower degree of knowledge and utility. *Pure!* free from what? From all knowledge of medicine! If we wish to deserve and retain public respect, let us reject the imputation of such purity.

"The annals of our profession contain no names more deservedly venerated than those of Richter, Scarpa, Von Hildenbrand, Frank and Beer, and these distinguished men were none of them attached to an hospital containing more than *twenty beds*.

"Self-elected and irresponsible bodies have always been found the most unsafe depositories of power."

We ask the general practitioners to weigh well this evidence, and if then they submit to the yoke, we think they deserve to wear it.

MONTHLY POLITICAL RETROSPECT.

The bubble has burst: the College of Physicians *without a dissident voice*, has "graciously condescended" to examine the general practitioner in the *half-extent quantity* of medicine and its collateral branches, and the College of Surgeons will ascertain that he has the *quantum sufficit* of surgery which it requires for the "*lower grade*," while the Apothecaries Company, like the two cats which appealed to the monkey, will lose all. There is an old adage however about rogues and honest men, which to a certain extent will apply to the Colleges of Physicians and Surgeons. We expect they will be quarrelling about the lion's share of the spoil. As we are on the subject

of fables, let us remind the general practitioners of the "Fox and the Goat:" if they assist the college foxes, they deserve to *remain* at the bottom of the well. "*En toute chose il faut considérer la fin.*" The last concession made by the College of Surgeons, viz. the admission of midwifery practitioners (who do not dispense their own medicines) to the Council, must make this body more despicable in the eyes of all right-minded men. No clothesman in Rag Fair ever higgled over the sale of an old coat, more than these College Councillors have done in the disposal of their parchment.

The Apothecaries Company, in a memorial to Sir G. Grey, have put forth their claims, and state, "that they are not willing to be relieved from the duties imposed upon them, and that they are prepared with suggestions for the amendment of the act," &c. We have given the Court of Examiners of this Company hitherto, credit for greater honesty than the other corporations; and we hope they will not forfeit the good opinion of the profession, by imitating the selfish policy of the Colleges of Physicians and Surgeons. *Provided the representative system be fully carried out*, the sooner the apothecaries are disbanded the better; but the members of this Company must take their share in the formation of the examining board before which *all must appear* who enter the medical profession. An effort has been made to swamp the Dublin Apothecaries in the Medical Charities Bill: "the feather shows which way the wind blows." We will take care to expose this Irish jobbing in a future number.

Self-supporting Dispensaries are in the ascendancy just now, propped up by Fellows of the College of Physicians, who we suspect are coveting *homœopathic* fees. The principle is unsound and rotten at its very core, and the philanthropy of the affair is all humbug. Why should not *all* put their shoulders to the wheel in these *charitable* undertakings? Let the clergy who support these Dispensaries reduce their christening and burial fees in the same proportion, and let the butchers and bakers sell their bread and meat at a lower price to the subscribers.

Dr. C. J. B. Williams has the credit of possessing great magnanimity for refusing to meet an homœopathic physician. Dr. Williams if he meet an extra licentiate of his own College within seven miles of London is liable to a fine of £5. But has Dr. Williams, we ask, protested against the appointment of Mesmeric and Hohenlohe Orators at the College of Physicians?

House of Commons, May 9.—Mr. Grogan moved for a return of the medical appointments in the East Indies, since January, 1832. The medical school of Ireland complained of the mode in which these appointments had been distributed. Motion refused.—May 3rd, the motion for the repeal of the duty on attorneys' certificates was carried by a majority of 19. 155 to 136.—We believe there are nearly 100 members of the House of Commons connected *directly* or *indirectly* with the law, but not one medical *practitioner*. Mr. Goulburn, April 30th, in making a comparison between the law and the Church, said, "there were 3000 barristers and 21 judges: the salaries amounted to £138,000 a year. In the Church, 16000 clergymen, and 21 bishops, whose incomes amounted to £140,000: in the law one prize in every 600, in the Church one in 150." What are the prizes in the medical profession, we ask? The Editor of the Medical Protection Circular

enforces the necessity of returning medical men to parliament. Let the medical profession, we say, use its powerful influence in endeavouring to *extend the franchise*: our profession *then* may be properly represented in the House of Commons.

REMARKS ON THE STATISTICS OF INFANTILE MORTALITY.

With Cases of Convulsions occurring during the first month after birth. Read before the South London Medical Society, April 25th 1850, by CHARLES TAYLOR, Esq. of Camberwell, M.R.C.S. & L.A.C., late Surgeon to the Royal South London Dispensary.

A consideration of the great mortality during the very earliest period of life, has induced me to offer some remarks on the statistics of infantile mortality; and then to relate a few cases of convulsions occurring within the first three or four weeks of birth, in the hope that by discussion some remarks may be elicited, which may tend to elucidate the causes, diagnosis, and treatment of one of the most common and fatal diseases of early life.

We find by the 9th annual report of the Registrar General, that in England and Wales, in the year 1846, about one-sixth of all those born alive, died before they had attained the age of one year; and that of this portion, about 1 in every $3\frac{1}{4}$ died within the first month, the average being nearly one death under one month of age in every 20 births, the male and female being in the following proportion, viz. one male death in every $17\frac{3}{8}$ births, and one female in every $23\frac{1}{4}$. The Metropolis taken by itself is in rather a better condition, for here the ratio is, one male death in every $22\frac{1}{4}$, and one female death in every $28\frac{1}{4}$ births; the average being about one death in every 25 births: shewing that in London and its environs the deaths during the first month are less by one fifth than in the provinces. Whilst London however as a whole is thus shewn to be in a favourable condition with regard to its infantile mortality, there is between North and South London a perceptible difference, amounting to about five per cent., thus making the South of London approach to the average of the entire kingdom, the North consequently appearing in a more favorable state. In the northern division of the Metropolis there was one male death in every 23, and one female death in every $29\frac{1}{2}$ births, making the average 1 in every $26\frac{1}{2}$; whilst in the south division it was one male in $20\frac{3}{4}$, and one female in $25\frac{3}{8}$, or an average of 1 death in about every 23 births. It will be noticed that the mortality is higher among male than female children, as shewn by the following statement: England and Wales, males 1 in $17\frac{3}{8}$, females 1 in $23\frac{1}{4}$; Metropolis, males 1 in $22\frac{1}{4}$, females 1 in $28\frac{1}{4}$; North London, males 1 in 23, females 1 in $29\frac{1}{2}$; South London, males 1 in $20\frac{3}{4}$, females 1 in $25\frac{3}{8}$.

In the various parishes or subdivisions there is a remarkable difference, which it is difficult to account for; perhaps there may be local causes more rife in some districts than in others.

Taking one death in every 25 births as the average of the metropolis, I have arranged the separate parishes in order as they are above or below the average.

Parish.	Male. One Death in Births.	Female. One Death in Births.	Average.
Strand	52½	31½	42
Holborn	41½	31	36
St. Jas. Westmr. ..	29½	39	34
Hackney	29½	37½	33½
Islington	24	39	31½
Shoreditch	nearly 24	35½	29½
Pancras			
City of London ..	nearly 30	27½	28½
Westminster	20	36½	28
St. Luke's	29½	25½	27½
Stepney	23½	52	27
Bethnal Green ..	27½	25	26½
Marylebone	23½	28½	26
Whitechapel	16½	32	24½
St. Giles	19½	30	24½
Clerkenwell	20½	27	23½
St. Geo. in East ..	17½	30	23½
Poplar	15	34½	23½
St. Geo. Han. Sq. ..	23½	23½	23
Kensington	20½	24½	22½
E. and W. Lond. ..	22½	20½	21½
St. Mart. in Fields ..	14	22	18
Greenwich	22½	41½	32
Wandsworth	21	28	24½
Newington	22	26½	24
Lambeth	20½	26½	23½
Camberwell	23½	24	23½
Bermondsey	17½	23½	20½
St. Saviour and ..			
St. Olave	21½	19½	20½

By this table it may be noticed, that the aristocratic parish of St. George's, Hanover Square, is nearly on a par with Poplar, and other poor districts, and that south of the Thames there are not such great variations in the mortality as in the northern division. It is necessary however, in order to form a correct estimate, to bear in mind the amount of poverty in the various districts.

Before relating the cases, I may remark, that I do not enter into the subject of Convulsions, and cerebral diseases occurring at a more advanced age, as although the nature of the cases at the two periods may be similar, yet death from Convulsions becomes less frequent after the first few weeks of life, until we approach the seventh or eighth month, when the irritation of dentition is present.

Case 1.—Sept. 1841, Mrs. B.'s infant. This child is three weeks of age to-day; the mother's labor had been lingering, a primipara: on account of the small quantity of milk, the child was fed. From birth it was fretful, and constantly crying, and at one time it had a difficulty in passing water. This morning I was sent for, and found the child in a semicomatose condition; could scarcely be roused, and had been so for some little time. There was a convulsive action of the muscles of both upper extremities, and also of the muscles of the neck, drawing the head backwards and to one side. These convulsive twitchings were afterwards followed by general convulsions of the whole body. The head was hot; bowels had not been freely moved for some days; mercurial purges were given but did not act well. An enema composed of assafoetida, turpentine and olive oil, was used,

but returned without bringing any fæculent matter with it. No improvement having taken place, one grain of Hyd: Chlorid: was given every third hour. During the night the child had some sleep at intervals, but was several times convulsed. The bowels had not been moved, although four doses of calomel had been taken, and a second enema administered. In the course of the day the child became worse, was unable to take the breast, had occasional sickness, and was in an almost constant state of stupor. The abdomen was hard and prominent, and pressure gave evident pain. Although the purgative medicine had failed to act, yet from the hardened state of the abdomen, and the knowledge that the child had been over-fed, I inclined to the opinion that the cerebral oppression was secondary, and would probably be removed when the bowels acted more freely. The child was now placed in a hot bath, and on being taken out, warm and dry flannels were applied to the abdomen, and 2 grains of Hyd: cum Cretâ given, intending to follow it up by a drachm of castor oil; but shortly after the warm bath, the bowels acted twice freely, and five times more during the night and following morning. The motions were very copious for so young a child, at first hard and dark, and afterwards becoming loose and watery. The change in the child was remarkable; the coma disappeared, there was no return of convulsive action, it again took the breast, and became lively, and in a few days was quite well.

This case at the time was greatly impressed upon my mind by the almost sudden cessation of cerebral symptoms on the free action of the bowels. It was one of the most severe cases of convulsions I ever saw, and I doubt not, as shewn by the sequel, caused by the overloading of the bowels. After the infant's recovery, I was informed, it had been stuffed with thick gruel by the nurse each time it cried, in addition to which small quantities of gin and water were occasionally given to expel the wind.

Case 2.—Oct. 1847, I attended a lady who was much frightened by a fire in the neighbourhood in the middle of the night; she had violent shivering for some time, and labor came on the following morning, being about three weeks before the full period. The labor was natural and quick, the child a male, and healthy to all appearance. The umbilical cord separated in due time, and nothing abnormal occurred. Puerperal fever was prevalent at the time, but the mother did well, and neither she nor the child appeared in the least influenced by the prevailing epidemic. About the ninth or tenth day, the child which was partly fed on milk and water, (the mother not having a sufficient supply of her own milk,) became ill. It was drowsy, seldom awoke for food, required rousing for the purpose of feeding, and did not take either breast-milk or milk and water with eagerness. The bowels were disordered; sometimes relaxed, sometimes confined: there was occasional sickness. By degrees the stupor became more intense and lasting for a longer time, sickness was more frequent, convulsive twitchings of the muscles of the face and upper and lower extremities took place, and on the fourteenth day there was a violent convulsion of the whole body, with complete opisthotonos; this was accompanied by shrill, piercing screams. This convulsion and screaming did not

appear until after the drowsy state had continued for some days. The convulsion lasted for several minutes, and some time afterwards the child was able to take the breast. This interval however was short ; convulsion and screaming again returned, and the child expired in the early part of the 15th day from birth. The pupils were at first contracted, but did not act for several days before death.

Examination, 24 hours after death.—The membranes of the brain and the sinuses were generally congested, and on the anterior surface of the right hemisphere the dura mater was thickened and opaque, and between it and the arachnoid a layer of pus from the size of a shilling to a half-crown was seen ; the surrounding parts of the brain were injected, and softened. The brain throughout was congested ; heart and lungs normal.

But little was done in the way of treatment in this case ; a teaspoonful of castor oil, and one or two doses of Hyd: cum Cretâ given : the warm bath was used, and another nurse with a better supply of milk was substituted. Several medical friends saw this case with me ; but the symptoms at first were so indefinite, and with the exception of the constant state of sleepiness, did not lead to the suspicion of brain disease : the drowsiness together with the other early symptoms were attributable to the weakness of the child, and the difficulty there was with regard to the feeding ; still however the appearance of atrophy was not so well marked as when it exists at this early period. With regard to the cause of Convulsions in this case, I think we may conclude that it depended on inflammation of the membranes of the brain. At the time of the fright, the mother's system received a severe shock ; so much so, that she was in a complete shiver or rigor for some two or three minutes, and it was thought that it had caused the death of the fœtus.

That disease of the brain occurs in the fœtus in utero, we have evidence of in the hydrocephalic fœtus, and we learn from Churchill, " that Convulsions occur in the fœtus in utero, and that Lowenheim, Hoogeven, and Feiler gave examples of it. Hufeland considered these movements depended on, or were derived from the mother."

Case 3.—Mrs. S.'s infant. The labor was natural, the child a male, and apparently healthy. Did well the first week, was nursed by the mother, when on the evening of the 7th day I was informed it had a fit. I did not see it, but was told by the mother that it became stiff, and turned dark in the face, but there was no convulsion. The following day it had another attack similar to the preceding, but still no convulsive action. The same thing occurred again on the third day. Not having seen these attacks, I was disposed to attribute more to the fears of the mother, than to the urgency of the case. When the next day, the 11th from birth, I was present when the child had a fit of crying, the face became instantly much congested, the head drawn backwards to the spine, slight convulsive action of the muscles of the face and hands occurred ; and when these terminated, the child was in a semicomatose condition. Believing that there was congestion of the brain, I applied one leech, which drew freely ; the child was relieved, and the attacks did not recur.

Case 4.—Dec. 1840. Mrs. W.'s infant, a male. The labor had been rather quick, the child cried on the expulsion of the head ; was

plump and healthy. Twelve hours after birth there was an escape of blood from the funis, which was large in circumference. The funis separated on the sixth day, and about three hours before its separation, the child was attacked with convulsion. The child had sucked in the morning, and the bowels had acted freely. The wound was dark in appearance. The child died the following day, having been in a comatose state since the fits. The warm bath was used, a warm poultice applied to the umbilicus, and half a grain of calomel put on the tongue every third hour. After death the umbilicus appeared healthy, there was no sloughing, and cicatrization was in progress.

Causes.—From a consideration of the preceding Cases, we learn that the causes of Convulsion in very young or almost new born children are various; perhaps the most frequent, is a state of congestion of the brain; this being produced either before birth from pressure during protracted or instrumental labour, thus giving rise to congestion, which continues; or from the twisting of the funis round the neck of the fœtus; or it may occur after birth, and quite independently of the act of parturition, as seen in Case 3. Another cause, as shown in the first Case, consists in over and improper feeding, and consequent obstruction of the bowels; and in this instance, the immediate cause of Convulsions depends on sympathetic irritation of the cerebro-spinal system, arising from the morbid state of the bowels. The second Case exemplifies yet another cause, where the influence of great mental emotion on the part of the mother before delivery appears to have affected the fœtus, so as to give rise to acute meningitis. In addition, Convulsions may arise from an opposite state to that of congestion, viz.: inanition, as seen in infants born prematurely, or naturally feeble, or that afterwards become atrophied by diarrhœa, deficiency or morbid quality of milk, &c. In Case 1, it is mentioned, that the urine was passed with difficulty for a short time. I am not aware that Bright's disease of the kidney has ever been discovered at so early an age, or consequently that it could be assigned as a cause of infantile Convulsions. Jaundice has been mentioned as giving rise to Convulsions; this, however, must be very rare, and has never been observed by me. With regard to pre-disposing circumstances, it appears from statistics, that the south of London, on the average, exhibits a greater relative mortality in the diseases of children generally, than the northern division; but as I have before observed, the increased mortality may be induced by bad feeding and want of care, as well as by atmospheric influence.

I have included the fourth Case, because the Convulsions occurred at the time of the separation of the umbilical cord, and involves the question whether they could be traced to any peculiar condition of the cicatrix—in this instance, apparently not. The opinion of Professor Colles, that a traumatic affection depends on “unhealthy inflammation or ulceration in the navel,” does not appear to coincide with the experience of other practitioners.

Treatment.—The treatment must be directed to the state of each individual case. The condition of the bowels should be carefully enquired into, and the abdomen examined; an Enema of Tincture of Assafoetida with Turpentine may be administered if the Convulsions are active; the feet should be kept warm; hot fomentations or poul-

tices to the abdomen, or the warm bath used, the spirit lotion, or vinegar and water to the head, or even one leech may be applied to the temple, if the cause appears to arise from a state of congestion. A contrary course must be adopted if there is an anæmic condition of system. A good wet-nurse should be obtained; a few drops of brandy in water given at repeated intervals. In a case of Convulsions under my care last year, arising from inanition, depending on artificial feeding; the child, by careful and repeated doses of brandy, (of which it took a table-spoonful in water in a few hours,) was completely restored from an almost moribund condition, and was able to take the breast of the nurse. In conclusion, I may observe, it is only by a careful enquiry into the causes, predisposing and immediate, that we can hope to arrive at a correct diagnosis of the nature of Convulsions in newborn children; and thus adapt our treatment, and perchance diminish the great mortality which occurs on the very threshold of life.

AN ESSAY ON CROUP, WITH STATISTICAL DEDUCTIONS.

By EDWARDS CRISP, M.D., Physician to the Metropolitan Dispensary.

(Continued from page 56.)

Autopsy.—The body plump and well formed; the mucous lining from the epiglottis to the smaller bronchial tubes was highly injected; that of the larger bronchi very vascular, presenting a scarlet appearance. The membrane around the glottis and chordæ vocales was slightly thickened, but these parts, as well as the trachea and large bronchi, were covered with a thin layer of plastic pus, easily detached, and of a semi-fluid consistence. The large bronchial tubes also contained a quantity of pus. The substance of the lungs normal. No inflammation of the fauces.

Inflammation of the lower part of the trachea and larger bronchi is not likely to be mistaken for croup. I believe that the crowing sound always depends upon a narrowing of the air passage, produced either by spasm, or a diminution of the tube from œdema or adventitious deposit. In January, 1845, I attended an infant that appeared to labour under inflammation of the lower part of the trachea in combination with bronchitis. The breathing was rapid, and the cough frequent and troublesome, but no croupy sound was present. In the first stage, on applying the stethoscope, a dry hissing sound was heard over the lower part of the trachea. The child died five days from the commencement of the attack. The lining membrane of the trachea was much injected, and covered with a tenaceous muco-purulent secretion; this secretion was also present in all the larger bronchi. Both lungs contained a few miliary tubercles, the right was partly hepatized from old inflammation.

œdema of the glottis and upper part of the larynx may also occur in children, but it can scarcely be mistaken for Croup. It may arise in scarlatina, from the extension of the inflammation from the fauces; and the drinking of boiling water from a tea kettle is not an uncommon cause. I assisted Mr. Darvill, of Walworth, in performing the operation of tracheotomy in a case of this kind, and the child's life was saved. In 1836, I attended an infant nine months old with scarlatina,

and with the exception of the swelling of the throat, the case appeared to be doing well, when the child's breathing suddenly became quick and difficult ; it attempted frequently to suck, but could not retain the nipple in its mouth. I was anxious to open the trachea, but the parents would not consent. Death took place from suffocation. Mr. Duff, and the late Mr. Bryant, of Kennington, were present at the examination. The fauces red, with slight ulceration of the tonsils ; the mucous membrane at the entrance of the larynx thickened and œdematus, the chink nearly closed ; the lining membrane of the trachea slightly reddened ; the lungs, heart, and abdominal viscera, normal ; the brain not examined. I think it is not unlikely that tracheotomy would have prevented the fatal termination of this case.

Before I proceed to the causes of this disease, let me glance at the anatomical peculiarities of the larynx and the surrounding parts in the earlier periods of life. If we examine the larynx and trachea of a child at the age of twelve months, we find the rima glottidis scarcely more than a line in width, and about three lines in length, (I speak from measurement) whilst in the adult this chink is about ten or twelve lines in length. The larynx and trachea are also large in the same proportion. All the parts are in progress of development, and consequently possess more vascularity than in after life ; the nerves, moreover, are proportionably larger, and the muscular excitability greater. The thyroid gland too, is not unworthy of notice ; it is of larger size, and may perform some important function in the infant with which we are at present unacquainted. But it is the thymus gland that especially demands our attention. I am not aware that any author has spoken of it in connexion with this disease (genuine Croup). There is one remarkable circumstance, however, that is worthy of notice, *as this gland disappears, so does the liability to Croup diminish*. Its contiguity with the trachea and its vascular and nervous supply, are also matters of importance, and it is possible that the excess or deficiency of its secretion, or the alteration of the quality of the fluid, may have some influence in the formation of the fibrinous deposit in the larynx and trachea. At any rate, these are subjects I think well worthy of future inquiry ; the fine-spun theory of Dr. Ley, respecting the cause of laringismus stridulus, should, however, make us cautious not to draw hasty deductions. But what evidence have we to prove that the condition of this gland exerts any influence upon the state of the larynx ? I admit that the vascularity of the mucous membrane, and the secretion of its submucous glands, cannot be shown to be affected by any abnormal condition of the thymus, but we have abundant evidence on record to warrant the supposition that enlargements and alterations in the structure of this gland materially derange the respiratory process, not only by direct pressure upon the trachea, but by the production of nervous disturbance and muscular excitability. The case of spasm of the glottis I have already mentioned may have been produced by this cause. Mr. Hood, of Kilmarnock, in the Edinburgh Journal of Medical Science, 1827, has recorded some cases of diseased thymus supposed to have occasioned sudden death. Dr. Kopp (British and Foreign Review, No. 2,) relates four cases of what he calls thymic asthma, from the same cause ; and Dr. Hirsch has added five more examples. Sir A.

Cooper, in speaking of the diseases of this gland, says, he was called to a young woman, aged 19, who was suffering from extreme dyspnoea, and who started up and struggled violently for breath; there was a swelling on the lower part of the neck; she died at the end of a fortnight, from a sudden attack of suffocation. The thymus gland was found enlarged, and pressed upon the trachea; the thyroid was also increased in size. Mr. Keal, of Oakham, (Lancet, Feb. 9, 1850,) mentions a case of laringismus stridulus which was suddenly fatal; the thymus gland was very large. The parents had lost another child from the same disease, but no post mortem examination took place in the latter case. I could relate many instances of a similar kind, to show that enlargements and alterations of the structure of this gland appear to affect the recurrent laryngeal nerves, and thus produce spasm of the glottis. It must be recollected, however, that these enlargements *may exist without occasioning perceptible inconvenience*; and in no instance that I am acquainted with, have they produced symptoms like those of genuine Croup. I think, nevertheless, the evidence is sufficient to justify the assumption that there is a close sympathy between the thymus and the larynx, and therefore it is not improbable, taking into account the age at which Croup generally prevails, and the periods of increase and decrease of this gland, that derangements of its function may have more to do with the etiology of Croup than we have hitherto supposed.

It is scarcely necessary to occupy much time in describing the symptoms of inflammatory Croup, as these will be found in all treatises on the practice of medicine. The invasion may be sudden or gradual; generally there is incipient catarrh and hoarseness of voice, and the child is feverish and restless before the croupal sound is heard, but in some rapidly fatal cases the disease has commenced without any premonitory signs. The symptoms will vary somewhat in different instances according to the age of the patient and the severity of the attack. Those which are essential are heat of skin, quick pulse, hurried respiration, pain or uneasiness about the throat, a hoarse clanging, crowing or barking cough, a stridulous voice and suffocative breathing; the hands are often raised to the throat; the countenance is suffused and anxious; the eyes watery and staring. In the third and last stage of the disease fibrinous shreds are sometimes expelled from the larynx, and in fatal cases the pulse runs on to 150 or 160 in the minute; the breathing is extremely rapid, the head is thrown back, and the larynx moves up and down like the piston of a steam engine. Auscultation affords us but little assistance in this disease. There is generally a dry hissing sound over the trachea, and the mucous râle is often present in the chest; but when the larynx is nearly filled with adventitious deposit, no respiratory murmur is heard. Some of the French writers have described a "valvular flapping," "*claquement valvulaire*," when membranous deposit exists in the larynx or trachea. I have never heard this sound. As I have said before, the symptoms will vary in different cases; but there is one circumstance especially that should be borne in mind, viz. that the amount of danger is not always to be estimated by the symptoms at the onset of the disease.

The mortality from Croup in this country is probably on the in-

crease. According to Willan, in 1796, 22 died in London of this affection. In 1797, 12. In 1798, 14. In 1799, 16. From the Registrar General's reports, I find that during the last 14 years ending in 1849, the deaths in the Metropolis have been as follows, 354, 322, 375, 391, 438, 390, 411, 352, 277, 295, 291, 324, 292, and 324. In England and Wales from 1838 to 1842 the deaths from this cause were (including London) 4463, 4192, 4336, 4177, 4457.

Causes.—Amongst the predisposing causes, a damp and cold atmosphere is the most frequent. Thus in the week ending May 4th. Croup destroyed 15 children in London, which is double the ordinary fatality. The sky was generally cloudy and overcast, and the wind N. and N. E. five days out of the seven. But a still more convincing proof is afforded by the Registrar General's Returns. The mortality from Croup during the years 1838, 1839 and 1840 in Wales, the Northern, Western and North Western counties was 6590, the estimated population being about 6,809,000. But in the Eastern and South Eastern counties the deaths were only 1430, out of a population of 2,583,000. In the Eastern counties, Suffolk, Essex and Norfolk, with a population of 1,041,000, the deaths returned in these three years were only 518; whilst in Wales, with nearly the same amount of population, 919 died of Croup. These facts show clearly that a damp atmosphere has more to do with the production of the disease than cold winds. Croup, like most affections of childhood, is more prevalent and fatal in large towns. In 1843, taking 25 of the largest towns, and 7 country districts, the number of inhabitants in each being the same, the deaths in the former are nearly double those of the latter. The disease prevails also to a greater extent in winter and autumn. In 8 years from 1839 to 1847 in London, 800 children died in the autumn quarter, 834 in the winter, 740 in the spring, and 609 in the summer.

Age.—Royer Collard in his *Précis analytique du Croup*, 1826, quotes the following authors, who have variously estimated the age at which Croup most frequently occurs. "Home, from 2 years to 7, rarely to 12. Crowfoot, 15 months to 8 years. Rosen, from 2 to 8 years; never after 12. Cheyne, from 16 months to 9 years. Solomon, 18 months to 5 years. Michaëlis, from 15 months to 10 years. Hallenius, 5. Bloom, 5. Engastroem, 4. Zobel, 8. Mahon, 6. Vieusseux, 10. Bernard, 5. Pinel, 5. Leroy, $7\frac{1}{2}$. Duboneix, 10. Barthez, 10. Lucadon, 10. Caillou, 10.—Amongst these authors Croup had been observed only once at the early age of 7 months." From an analysis I have made of the Registrar General's reports, I find that out of 2177 cases, 360 occurred within the first 12 months; 703 at one year; 329 at the second; 438 at the third; 146 at the fourth; 189 at the fifth; 6 at the tenth, and 6 above the age of 15 years. In these returns laringismus stridulus, spasm of the glottis, and laryngitis are not included.

Sex.—Bland and Albers believed boys were more liable to the disease than girls. In 28 cases, by Jurine, 18 were boys and 10 girls. In another table of 91 cases, by Collard, there are 54 boys and 37 girls. Vauthier, in the *Archives Générales de Médecine*, 1849, says, "the boys in 1846 were as 9 to 5, but in 1847 the girls were three times the number of the boys, and that the disease is rare before two

and after the age of seven." These inferences, however, are not drawn from a sufficient number of facts to make them of any value. From the Registrar General's Returns I have selected 10722 cases: 5842 occurred in boys, and 4880 in girls. The prevalence of this disease in male children may be accounted for by their greater exposure to atmospheric changes. A disordered state of the stomach is, I believe, one of the most frequent of the *exciting* causes. In most of the cases which have come under my notice, I have been able to trace the exciting cause to some irregularity of diet; the croupal sound occurring a few hours after a full meal of indigestible food; nor is it to be wondered at, when we reflect upon the intimate connection which exists between the stomach and larynx, by means of the laryngeal branches from the par vagum, that derangement of the primæ viæ should interfere with the functions of the latter organ; and the very positive evidence we possess of the frequent occurrence of attacks of laringismus stridulus from improper feeding, tends much, I think, to support this opinion.

I have not been able to connect the origin of Croup with malaria. I believe that *genuine* Croup seldom or never prevails as an epidemic, and it is doubtful whether it ever occur after the age of ten years. I can in one instance only trace it to an hereditary tendency, although several children are often attacked in the same family.

(To be concluded in our next.)

REVIEWS.

ON TIC DOULOUREUX AND OTHER PAINFUL AFFECTIONS OF THE NERVES, WITH SUGGESTIONS FOR A NEW METHOD OF TREATMENT. WITH NUMEROUS CASES. BY TOOGOOD DOWNING, M.D. London: Churchill.

THE chief object of this work is to show that Tic Douloureux and other painful affections of the nerves may be relieved, and often cured by means of the aneuralgicon; an apparatus (a description of which is given) for applying hot medicated vapour to the painful part. Dr. Downing thus describes the mode of preparation of the vegetables used.

"After carefully selecting the herbs, to ascertain their genuineness and purity, they are thoroughly dried by a gentle heat. Each leaf, if it be a large one, is then taken separately and rubbed between the hands, so as to break up the parenchyma into small fragments, from which all stalks and woody fibre should be excluded. Some roughly powdered cascarrilla bark may then be added with advantage. The plants I have chiefly employed have been those of the belladonna, henbane, cannabis indica or Indian hemp, tobacco, aconite, stramonium, hemlock, savine, digitalis, and a few others. The seeds of henbane, colchium, and cannabis, have also been added under certain circumstances.

The author points out the various kinds of nervous affections, their causes, and the nerves chiefly implicated; and in speaking of the most frequent seat of neuralgia, he makes the following pertinent remarks.

"There are many reasons why the head and face should be especially obnoxious to attacks of neuralgia—the face more especially. The nerves of this part are large and abundant; they interlace freely with each other, forming a network of fibres; they run superficially beneath a thin and delicate skin, which is exposed to every vicissitude of temperature—for this part is rarely covered. The greatest varieties of heat and cold are thus allowed to act upon parts supplied with large nerves, and those allowedly the most sensitive in the

body. Their close connexion with the sympathetic system and with the teeth has, doubtless, considerable influence also in producing the affection."

Eighteen cases are related to show the good effects of the mode of treatment recommended. We took up this book with a prejudiced feeling from the name "*Aneuralgicon*," which led us to suppose that Dr. Downing, like too many in our profession, had entrenched a little upon the borders of empiricism. On a careful perusal however, our fears have been entirely dissipated; and we recommend all who are interested in the treatment of neuralgic affections to peruse the work. The author may be too sanguine as to the curability of some painful affections of the nerves; but we think his plan should be tried before the patient is subjected to a host of medicines which often afford only temporary relief, and are frequently we believe ultimately injurious to the constitution.

THE CHOLERA: WHAT HAS IT TAUGHT US? ITS VARIOUS MODES OF TREATMENT EXAMINED, AND THAT BY CALOMEL WITH ICE & C. SHOWN TO BE THE BEST. WITH FULL REPORT OF NUMEROUS CASES. BY WILLIAM I. COX, M.R.C.S., L.S.A., M.C.S., & C. London: Renshaw.

MR. COX in this pamphlet has given the result of his experience in the treatment of Cholera; a table of 91 cases is appended showing the prominent symptoms, treatment and the result. Of these 91 cases, 31 terminated fatally; but the greater number were in a state of extreme collapse when first visited. The following is the classification of the cases. "Cases treated by stimulants and opium, 17—result, 10 deaths. Cases treated by stimulants alone, 5—result, 3 deaths. Cases treated by Tartar emetic, 4—result, 4 deaths. Cases treated by large doses of calomel, 9—result, 1 death. Cases treated on Dr. Ayre's system, modified, 55—result, 13 deaths. Total, 90 cases, 31 deaths." The author remarks.

"It may not be amiss, also, to say, that so far from having always been a blind and zealous follower of Dr. Ayre's doctrines, that I was at first strongly prejudiced against them, through the representations of numerous professional friends; and was lately impressed with a conviction of their true worth, only after a long course of patient clinical analysis, and after witnessing both in my own practice and that of my friends, the lamentable failure of other plans."

Most of the views advocated by Mr. Cox coincide with our own. We do not say that the calomel treatment is the best, but we believe it is the best yet known. The author has given a "plain unvarnished" statement of his experience, and we recommend all who are interested in the treatment of this mysterious scourge to read the pamphlet. Mr. Cox believes that Asiatic Cholera is more contagious than continued fever. The evidence adduced in the first number of this Journal is, we think, a sufficient refutation of this opinion.

A BRIEF OUTLINE OF THE CHOLERA AT HULL IN 1832. BY JAMES ALDERSON, M.D. Late Fellow of Pembroke College, Cambridge. London: Longman and Co.

We only notice this production to shew that a man may be a fellow of more than one College, and yet be very deficient in all the requisites that constitute a sound medical reasoner. Dr. Alderson has been a lucky man; until a late period of life, he was in the commissariat department of the army; then he became a fellow of the Lon-

don College of Physicians, and next an examiner. But hear some of his "*practical experience*."

"As the canal is always lined with viscid mucus, which not only keeps up irritation, but prevents the due action of remedies, a mild aperient at this period has been apparently 'useful.'—"In collapse, absorption appears to be almost at its minimum; but the surface of the body has always been observed in Hull to be sensible to the stimulus of mustard."—"I confess I cannot regard the serous discharge in Cholera, in any other light than as similar to the exhalation which takes place in dropsy of the serous membranes of the peritonæum, for example; but as the mucus membranes freely communicate with the open air, the fluid secreted rapidly and readily passes off as soon as it is poured out by the mucous surface: both are alike the consequence of unsubdued inflammatory action of the membranes."

Dr. Alderson came to these conclusions after he had seen numerous cases of Cholera. If Mr. Cox, whose pamphlet we have noticed above, wishes to become a "licensed London Physician," he *may* be examined by Dr. Alderson; but our readers, we think, will agree with us, that excepting those duties *which should devolve upon the school master*, there is a greater necessity for Mr. Cox to examine Dr. Alderson.

ST. LUKE'S HOSPITAL FOR LUNATICS. THE PHYSICIANS' REPORT
AND STATISTICAL TABLES FOR 1848. BY A. J. SUTHERLAND, M.D., Oxon, and
J. R. PHILP, M.D., Cantab.

WE are induced to notice this report only as a literary curiosity; as a specimen of academic reasoning, logical deduction, and classical elegance, emanating from two Pell Mell psychologists,

"Who weave fine cobwebs, fit for skull
That's empty when the moon is full;
Such as take lodgings in a head
That's to be let unfurnished."

"The Physicians beg to lay their Annual Report before the General Court of St. Luke's Hospital. The proportion of recoveries this year has been less than that of 1847, and more than that of 1846. In 1847 it was $64\frac{1}{2}$ per cent. being certainly above the average, while in 1846 it was $57\frac{3}{8}$. The per centage of cures from 1751 to 1760 was 59 and a fraction; that from 1831 to 1840 was $58\frac{3}{4}$, so that the per centage of the present year is a fair average one compared with that of former years." We leave those of our readers who know something about the management of St. Luke's Hospital, to appreciate the value of these fractional statistics and psychological tables. What is the meaning of "*discharged as recovered*," we ask? "The general health of the patients has on the whole been good. Two cases of Asiatic Cholera occurred in October. In one of these all the symptoms usually present in this disease manifested themselves, and, but for the prompt treatment of the then resident medical officer, the patient would in all human probability have died." What a specimen of logical inference. The *other* case we hope will be in the Cholera report of the College of Physicians, which is expected *ad Græcas calendas*.

"Of the individual cases to which the attention of the General Court should be directed, two are those which came specially under the notice of the Commissioners in Lunacy. Of these, one continues precisely in the same state; the other, viz., a fish salesman, was in July last attacked with great depression of spirits, and violent pain in the head,

this was followed by a paroxysm of excitement, during which he broke some squares of glass, and asserted that he was commanded by the Almighty to do so ; he tore his clothes to shreds, was indecent in his conduct, and dirty in his habits." This subject is too serious for a jest, we extract the passage without comment. Again, " With respect to accidents which have occurred in the past year, we have to report one case of fracture of the thigh-bone, and another of fracture of the cranium, both of which unfortunately terminated fatally, the former after a long period, the latter speedily after the occurrence." These physicians then state, that they have reason for thankfulness that they have not more of such cases to report, but say not one word as to how the accidents happened. We are told, however, that there are two excellent baths on each side of the hospital (" one, indeed, of handsome construction !") But mark the concluding example of double-headed fulsomeness and self-laudation. Could two of the charity boys in St. Luke's parish have taken greater liberties with their mother tongue ? " We are ready to admit that the elevation of our building is not ornamental, that its situation is not desirable, but it is the greater praise to the institution, if with these disadvantages it is able to restore an equal, in some years, a greater proportion of patients, in sound mind to their friends ; and *it* calls upon us to be more attentive to what is of greater importance, viz., that which passes within, for kindness and attention to the patients' best interests are the true principles of what is termed the moral treatment."

Dr. Sutherland was once a medico-anatomico chemico-psychological censor at the College of Physicians, where, we believe, they do not examine in the English language. Both these learned academicians are keepers of a private mad house ; a circumstance, we think, which should disqualify them for holding their present appointment at St. Luke's. These are the men too, who are to examine the general practitioners of England !

THE LECTURES AT THE COLLEGE OF SURGEONS, BY MESSRS. OWEN AND PAGET

Have just terminated. Want of space will prevent our noticing Mr. Owen's lectures for the present. We take the liberty, however, of recommending him in future to confine himself as much as possible to his mother tongue, and "not to draw out the staple of his verbosity finer than his argument ;" his scraps of languages would be better in plain English, especially as his Latin and French are deficient both in quality and quantity. John Hunter would not have understood Mr. Owen's jargon. We have more fault to find with Mr. Paget's manner than his manner ; his easy and unaffected delivery forms a pleasing contrast with the affectation and pedantry of Mr. Owen. Mr. Paget, to use a grinding phrase, was "well up" in his subject, but we think he had learnt too much, and took too much the part of a Hunterian pleader ; he reminded us of a child who builds a house with cards and upsets it with the next breath. Mr. Paget "upon one point only would presume to differ from Hunter and Rokitansky ; the latter he thought was three centuries in advance of the present age." We anticipate that three centuries hence, if the world should last as long as that, nearly all these physiological and pathological doctrines will be scattered to the winds. Mr. Paget assumes as the

basis of his doctrine of inflammation, that the arteries are muscular. We believe no good proof can be adduced of this, either in man or the lower animals ; a doctrine built upon such a superstructure must be unsound. Again, Mr. Paget asserts that the blood moves slower through an inflamed part. The next time Mr. Paget is troubled with an inflammatory pimple on his nose, let him feel the distended arteries, and then ask himself whether the blood does not pass quicker through those vessels that are unobstructed. We believe that less blood passes through an inflamed part in consequence of the *stagnation* in *some* of the capillary vessels, but that it is propelled with greater rapidity through those vessels that are open. Mr. Paget doubts with Rokitansky whether the atheromatous matter in the arteries is not a deposit from the blood *upon* the inner membrane. Mr. Paget's microscope must have greatly deceived him. Why, let us ask, do not these deposits take place in the veins, if they are the result of mere gravitation? We could mention many other of Mr. Paget's statements which we believe to be erroneous, but we will return to these lectures in a future number. Great efforts were made by the College authorities to fill the theatre, but notwithstanding the large number of St. Bartholomew students, and the presence of numerous gentlemen who are not connected with the College, to use a play-going phrase, there was never a full house, and during Mr. Owen's course, the theatre was seldom two-thirds full. There would be no empty benches if this College stood well in the estimation of its members.

A MUCH LESS PAINFUL AND MORE SCIENTIFIC METHOD OF EXTRACTING TEETH. BY H. GILBERT, M.R.C.S. L.A.C. London : Renshaw.

THERE are no people in the world who impose so much upon the public as some of the *advertising* dentists ; their promises are captivating in the extreme, and John Bull is humbugged in "spite of his teeth ;" his pride compels him to keep his mouth closed, and hence many of these mountebanks escape exposure. We recollect asking the lady at one of the Spa fountains, after she had described the miraculous cures effected by the waters, whether they would restore a lost leg ? her reply was, *C'est possible* ; and many of the dental charlatans are as bold in their declarations. The columns of the daily journals teem with all sorts of promises. Self-adhesive teeth, anodyne cements, loose teeth fastened by royal patent, and artificial mineral gums are formed superior to the common material of flesh and blood. In the dental profession, however, there are many excellent and honourable men ; we speak only of the black sheep.

Mr. Gilbert, the author of the above treatise, dwells especially upon the importance of extracting teeth in the line of their axis, by means of a patent fulcrum and chair, invented by himself. We should have liked the book better without some of the fulsome certificates appended, one of which is headed "tooth-drawing without pain." Dr. Calvert Holland says, he "cannot speak in too high terms of this admirable invention ;" and many others who are as capable of judging, also award their meed of praise. The principle advocated by Mr. Gilbert is a sound one, but whether the motto on the title page, "*Cito, tuto et jucunde*," will be ever applicable to the extraction of teeth, we leave those who have had more experience than ourselves

¹etermine.

LONDON MEDICAL EXAMINER.

JULY, 1850.

THE PUBLIC LIBRARIES OF THE UNITED KINGDOM.

ACCORDING to Mr. Ewart's "Public Libraries and Museum Bill in Boroughs where the population exceeds 10,000, if the majority of a public meeting of rate payers decide upon the establishment of a library, a rate of one half-penny in the pound is to be levied upon the inhabitants." This is a move in the right direction, and we hail it as a harbinger of better things; a deference to public opinion and the pressure from without. We have stated before that *three out of the four of the members of the universities voted against* Mr. Ewart's bill, and we have some fears even now, that aristocratic bigotry and prejudice may succeed in defeating the measure for this session. The so called *justice* of this country has kept the people in a state of ignorance, and then *hung* them for crimes which often were the result of want of knowledge, for which we believe the government was to a great extent responsible. Can any sensible man suppose that *crime would cost us a million a year* if the people were *properly* educated? But now for a comparison of the public libraries of England with those of the continent. In the United Kingdom there is only one library (Manchester) where persons are admitted by merely inserting their name and address. On the European continent there are 447 public libraries, averaging 10,000 volumes each, which are open to the people, and the books at many of them are lent out. M. Guizot in his evidence before Mr. Ewart's committee in 1849, stated that there were 109 libraries in France open to the public without introduction; and that the greater number of these were lending libraries. M. Guizot also bore testimony to the good effects of the system. In the United States there is a library in every town of 5,000 inhabitants, and the agricultural labourers and mechanics take great interest in these establishments.—An Englishman on the continent may walk into a library, and is received as a brother; but how is he treated in his own country? If he write twenty books, one of each is grabbed by the British Museum, Trinity College Dublin, the Advocates Library in Edinburgh, the Bodleian Library at Oxford, and the University Library at Cambridge. But if the author wish to enter these learned repositories, he is often snubbed by the officials; and so disgusted with the impediments that are thrown in his way, that he abandons the attempt. From three of these libraries he is entirely excluded unless he happen to belong to a certain *clique* and have a friend at court.

In December last we were desirous of obtaining admission to the Library of the British Museum, and wrote to Sir Henry Ellis giving the name and address of a barrister and solicitor; the following was the reply.

Reading Room, British Museum, Dec. 5, 1849.

Sir,

In answer to your application for a Ticket of Admission to the Reading Room, I am desired to inform you, that the Regulations of the British Museum Reading Room, do not allow Sir Henry Ellis (to whom all admissions are deputed) to take the Recommendations of Parties who are unknown to him, or not in ostensible official stations. The Recommendations of Peers of the Realm,

Members of Parliament, Judges, Queen's Counsel, Masters in Chancery, or any of the great Law Officers of the Crown : any one of the forty-eight Trustees of the British Museum, (the names of whom will be found in the Royal Kalendar, page 336,) Aldermen of London, Rectors of parishes in London, Principals or Heads of Colleges, eminent Physicians, and Royal Academicians ; or of any Gentleman in superior post to an ordinary Clerk, in any one of the Public Offices (stating his Official Station with his name) are considered satisfactory, though the Parties may be strangers to him : station being deemed a sufficient guarantee.

A Recommendation from Mr. — will be quite sufficient if sent to Sir Henry Ellis.

I am, Sir,
Your obedient servant,
JAMES CATES.

The reader will perceive that we might have obtained our object by applying to Dr. Paris ; a beaucolic alderman, or a government clerk. But how does this mode of exclusion affect the poor student or the stranger in London, who may be destitute of these aristocratic friends ?

Let us turn to our medical libraries, and the aspect is not a favourable one. When in Edinburgh for a few months in 1848, we wrote to ask permission to be allowed to *consult* books occasionally in the Medical University Library, and our letter was accompanied by a recommendation from Professor Simpson. No notice was taken of the letter ; but on applying to the sub-librarian we were greeted with a *short* "No." This library receives £575 annually from government, and the University is chiefly supported by the money of English students. In Dublin we were not treated much better ; our written application at the College of Surgeons was unanswered ; we were told however by a gentleman high in authority that we might enter ; but as he had no legal power to grant permission, the offer was declined. A black board at this College is hung in a conspicuous place with this inscription, "Visitors cannot be admitted to the Museum unless accompanied by a member." We leave the council to give the explanation.

LONDON COLLEGE OF PHYSICIANS.—It will scarcely be believed by those who are unacquainted with the monstrous abuses that exist in the medical profession, that the licentiates and extra licentiates of this College, whose money has been its chief support, are not allowed to enter the library. This honour is reserved for the "*higher grade*;" although according to the parliamentary evidence of Dr. Henderson, 3308, the freedom of the library was conferred upon *all* members of the College in 1708, but in 1765 the words "*socio vel candidato*" were substituted for "*collegæ vel permisso*." Dr. Yellowly stated, 4378, that when engaged in writing his paper on Calculous diseases, he applied for the loan of a book, and his application was refused.

LIBRARY OF THE COLLEGE OF SURGEONS.—Mr. C. Hawkins said, in the presence of Prince Albert, at the Hunterian Oration, 1849 (since published), that 5,808 persons had availed themselves of the advantages of the library during the previous year. This is all College "clap trap." We believe that not one-sixth of this number were admitted. In the month of January last we find from the book, that about 200 persons were admitted, but many of them

were not *members* of the College, and some were almost daily attendants. The fact is, that nineteen-twentieths of the *members* derive no benefit whatever from the library, and the majority of those in London are so disgusted with the proceedings of the College that they will not go near it. The library expenses for the last four years have been, 1846, 447*l* 0*s* 6*d*; 1847, 406*l* 0*s* 3*d*; 1848, 426*l* 8*s* 7*d*; 1849, 422*l* 13*s* 4*d*. For the four previous years they were, 786*l* 16*s* 10*d*; 1120*l* 12*s* 7*d*; 940*l* 5*s* 8*d*; 679*l* 9*s* 10*d*. The librarian, Dr. Willis, used to receive 300*l* a year, and a sub-librarian was kept; now there is one librarian only, who gets a miserable pittance of 100*l* per annum. But how many books, reader, do you think have been purchased for the library, from the first of January to the present time, exclusive of periodicals? Here is the list: "Owen's Fossils and Fossil Reptilia; Dalrymple on the Eye; and Syme on Stricture." Added to these there are 20 donations. The Council will not let us see their accounts, but we suspect that the examiners think more of filling their own pockets than of furnishing the library shelves. If the members of the medical profession were united into a Faculty of Medicine, they could soon form the best medical library in the world; duplicates of books for *circulation* might be added, so that country practitioners, who now derive no benefit from the library, would have nearly the same advantages as their metropolitan brethren.

MONTHLY POLITICAL RETROSPECT.

House of Commons, May 31.—"Lord R. Grosvenor presented a petition from 400 medical practitioners, praying for some reform in the present system of examination for license to practice, &c., and asked Sir G. Grey whether he intended to bring forward any measure in relation thereto? Sir G. Grey said he had given the subject some consideration, and had seen large deputations, among others, one which represented itself as from the general practitioners, and putting before him undoubtedly very clear and definite ideas; but, unfortunately, the next deputation, which also purposed to represent the general practitioners, expressed opinions utterly opposite (a laugh); under these circumstances, and seeing that there was such a difference of opinion among even members of the same branch of the profession, he did not think he could fix a time for proposing any measure."

We read this announcement with little surprise, as we stated in our first number that we did not expect efficient medical reform from the present House of Commons. But do these discrepancies really exist, or has Sir G. Grey *made* a convenient stumbling-block to suit his own purpose? All the Associations pray for the *representative* form of government; the management of their own affairs, and a *uniform* qualification. The National Institute and the *members* of the Provincial Association are fully agreed upon these points, and surely with such a basis Sir G. Grey might have constructed a measure that would have benefited the public, and been acceptable to nine-tenths of the medical profession. The House of Commons at the present moment is providing for the dead, and with a monstrous inconsistency *neglects the living*. We have one great consolation; the longer the matter is delayed, the more *liberal* we believe the measure will be. Besides,

the Colleges of Physicians and Surgeons will die of inanition : the former is nearly in a state of bankruptcy, and the income of the latter is not sufficient to meet its expenses. They will be *starved* out. Our cotemporary, the Editor of the *Lancet*, has hit upon a curious plan to ascertain the sentiments of the profession, by means of balloting papers, but the questions are so indefinite that we have declined to answer them. We had the honour of sitting on the Council of the British Medical Association with Mr. Wakley, and we hope he *still* advocates a Faculty of Medicine : we remind him that the district branches of the Provincial Association pray for one portal for ALL : now whether this be at a National Faculty ; a National College of Medicine, or a National Institute ; whether it be situated in Blackfriars, Lincoln's Inn, or Pall Mall, is a matter of little consequence, so long as *all classes* in the profession are *properly* represented. The Editor of the *Medical Gazette* speaks of his respectable cotemporary of the *Provincial Journal*, and this latter *Journal* is praising and assisting the *Lancet*. *Timeo Danaos et dona ferentes.*

Without intending the slightest disrespect to Mr. Wakley, we can only express our sorrow at seeing him in such company ; he must himself be astonished at the event.

"Obstupuit simul ipse, simul percussus Achates
Lætiâque metuque, avidi conjungere dextras
Ardebant : sed res animos incognita turbat."

A CASE OF PHRENITIS FROM A FALL, WITH REMARKS.

By G. ROBINS, Esq., M.R.C.S., and L.A.C., Bedford-street, Covent Garden.

April 10, 1850, I was requested to see Master O., aged 26 months ; a few days since he had a severe fall upon the head after which he was fretful, but soon recovered his usual spirits ; this state of things, however, did not last long, he appeared dull and drooping, and I found him in the following state : pulse and respiration hurried ; countenance flushed and anxious ; tongue moist and loaded ; bowels open ; head not very hot and the pupils natural ; extreme restlessness and vomiting at intervals. I ordered a saline mixture with tartarized antimony, and mercury, and chalk powders.—11th. Very dull and difficult to rouse ; pupils dilated ; head very hot. It is now evident that the chief seat of mischief is in the brain. I did not hear of the fall until this morning. Three leeches to be applied to the temples, a cold lotion to the head, a blister to the nape of the neck, and two grains of Hyd : cum Cretâ to be given every six hours.—12th. Worse in every respect : quite unconscious ; has frequent convulsive starts. Two leeches to the temples, and in addition to the other medicine, take one dose containing three grains of calomel.—13th. Great heat of head ; comatose, with frequent startings ; strabismus and dilated pupils ; motions like chopped cellery. One leech to the temple, and ice to be constantly applied to the head. Take half a grain of Hyd : Chlorid. every two hours.—14th. Symptoms the same : continue the medicine.—15th. Still comatose, with strabismus, dilated pupil and convulsive starts, but the head is not quite so hot, and the motions are more natural. Continue the calomel and take one grain of Iodide of Potassium every three

hours.—16th. Rather better: there is a perpetual stare, and he cannot lift the head from the pillow, but the strabismus is less. Has taken no food, but is very thirsty. Each dose of the iodide produced vomiting. Continue the calomel every three hours, and apply a blister behind each ear.—17th. Less unconsciousness; head cooler, very restless, with occasional starting. Repeat the calomel and take $2\frac{1}{2}$ grains of Pulv: Ipecac. C.—18th. Better, but very dull; the iodide again tried, but it produced vomiting. Continue the calomel and apply a blister to the nape of the neck.—19th. Much the same. A turpentine enema to be administered and the calomel to be repeated.—20th. Better.—29th. Since the last report the child has been gradually improving and is now, with the exception of slight debility, quite well. The calomel was omitted on the 21st. and Dover's Powder given occasionally.

REMARKS.—Little doubt, I think, can exist, that this is an example of inflammation of the brain produced by violence. It is questionable whether effusion was really present, but I believe the case would have gone on to a fatal termination if very active treatment had not been pursued. There is one practical inference to be drawn from the case, viz. that in the brain-affections of children, recovery may take place under the most unpromising circumstances.

AN ESSAY ON CROUP, WITH STATISTICAL DEDUCTIONS.

By EDWARDS CRISP, M.D. Physician to the Metropolitan Dispensary.

(Continued from page 92.)

It is doubtful whether genuine Croup affects the lower animals: chickens and young turkeys are subject, especially when in damp coops, to a disease called "pip," which bears but a slight resemblance to Croup. Dr. Houston, in the fifth volume of the Dublin Journal, mentions a golden eagle that was affected with Croup; and in the Chatham Museum, prep. 449, the trachea of a fowl is seen nearly closed by false membrane. Professor Spooner of the Veterinary College tells me, that he knows of no similar disease in the brute creation. Mr. Braby says, "In answer to your questions respecting the occurrence of Croup in the lower animals, judging from my experience it is rare, but I have seen a few cases. From the difference in the anatomical structure of the larynx in the lower animals from that of man, it is seldom we hear that *peculiar* sound of Croup; we have frequently acute and chronic disease of the larynx, particularly in the horse. About twelve months since, I had a case in a horse more resembling Croup than I ever had before or since; you could hear the *noise* for 100 yards: there was so much deposit in the larynx, that I was compelled to open the trachea; the animal recovered."

PATHOLOGY.—Inflammation of the mucous membrane of the larynx and trachea, extending often to the bronchial tubes, must exist in true Croup. The extent of this inflammation will vary in different instances, according to the duration of the disease and the constitution of the patient. The deposit of fibrin upon the lining membrane of the larynx, trachea, and sometimes of the bronchial tubes, is the result of the inflammatory process. The exudation varies in consis-

tence ; it may be thin and pseudo-membranous, but in the majority of instances it consists of fibrin, with a small quantity of mucus and pus-globules : occasionally no plastic exudation is present, but the inflamed membrane is covered with a thick muco-purulent fluid.

Bretonneau (Dict : de Méd :) collected the account of 171 autopsies. In 78 the false membrane was confined to the larynx and trachea. In 42 it existed on the bronchial tubes. In 36 these tubes were not examined, and in 21 cases no false membrane was found. Some pathologists have asserted that the exudation does not line the membrane which covers the laryngeal cartilages. This is a mistake ; I have often seen it in this situation. The assumption too that inflammation commences in the fauces and at root of the tongue in many cases of *genuine* croup, I believe to be erroneous. I have examined numerous specimens of croup in different Museums, and I have seldom seen the plastic effusion above the epiglottis. Exudative inflammation of the air passages may occur in the adult ; but the symptoms seldom resemble those of true croup in children. I have in my museum a good specimen of what has been called bronchial croup by some writers. I related the case and exhibited the specimen at the Medical Society London in 1835. My patient, a woman æt. 35, had frequent attacks of suffocative breathing and expectorated frequently branch-like portions of fibrin. The right lung contained miliary tubercles. The lower part of the left was hepatized, and the bronchial tubes lined with fibrinous deposit. In the Hunterian Museum prep : 1842, there is a specimen of false membrane forming a complete cylinder in the trachea. The patient was 75 years of age, and died suddenly of suffocation on the 10th day from the tearing across of the adventitious deposit. It is probable that the immediate cause of death in children, is not unfrequently the detachment of portions of the fibrinous layer which block up the air passage or occasion spasm of the glottis.

TREATMENT.—Medicines of various kinds have been recommended for the cure of this disease: calomel, tartarized antimony, emetics, opium, alum, the sulphates of copper and zinc, squills, ammoniacum, senega, camphor, the subcarbonates and sulphurets of the alkalis, &c. As local applications to the fauces and throat, the nitrate of silver, the mineral acids, alum, the inhalations of vapour ; and externally, blisters, the actual cautery, croton oil, hot salt, &c. I am not competent to give an opinion respecting these modes of treatment, and I can only state the result of my own experience. The *substance* of this paper recommending *large* and *frequent* doses of calomel in the treatment of croup was read at the Medical Society of London, April 20th, 1840. Calomel has been more frequently given in this disease than any other medicine ; but I know of no writer who has recommended it in the same doses as myself. I have never seen any harm result from its administration ; and it must be borne in mind that croup so quickly runs on to a fatal termination, that it especially demands *energetic* treatment. I believe the patient if seen at the *onset*, may generally be saved. The following cases which I have abbreviated, were seen during a period of twenty years, and *the notes were taken at the time*. I have recorded every *fatal* example that occurred in my own practice, but several successful cases of which I did not

take notes are not mentioned. I would not *now* treat all the patients in the manner hereafter recorded ; but to be brief, the chief points to be attended to are, lancing the gums, if required ; the administration of an emetic of tartarized antimony and ipecacuanha, followed by one or two grains of calomel every *hour or two*, until green motions are procured, and the croupal sound is diminished. In *strong plethoric* children, leeches to the throat, or bleeding from the arm, and the combination of tartarized antimony with the calomel in the *first* stage. In weak delicate children I would trust to the calomel alone. The application of the strong Acetum Lyttæ to the throat, I believe to be preferable to a blister. The temperature of the apartment is another matter of importance, and one *too generally neglected*. The treatment will of course vary according to the age, and peculiarities of constitution, but not a moment should be lost ; and in all cases of *doubt*, commence the attack as if the enemy were present. In many fatal examples of croup, the characteristic sound has existed for a short time and then disappeared, the disease afterwards coming on with fearful rapidity. When a child has had one attack of croup, it is important if practicable, to remove it to a warm and dry atmosphere : many lives probably would be saved if this precaution were taken.

Case 1.—Dec. 31st, 1830, Mrs. S——'s child, Camberwell, æt. 3 years, was attacked with croup in a severe form ; I saw it a few hours from its commencement (had this disease when seven months old). For four or five days the symptoms continued unabated, during which time four ounces of blood were taken from the arm ; leeches applied twice to the throat, followed by a blister ; forty-four grains of calomel were administered in sixty hours. The child gradually recovered and on the 10th of January was in tolerable health.

Case 2.—May 15th, 1836, Mrs. E.'s infant, æt. 18 months, was affected with this disease during the night. I visited the child two or three hours after the croupal sound first appeared. Ordered four leeches to the throat, an antimonial emetic, and $2\frac{1}{2}$ grains of calomel every two hours. The child was free from croupal breathing at the expiration of twenty hours. (About 15 grains of calomel taken.)

Case 3.—Sept. 13th, 1838, I was called to Mrs. R.'s infant, Waltham, æt. five months, croupal cough and breathing had existed for some hours. I lanced the gums, and gave $1\frac{1}{2}$ grain of calomel every three hours. The child on the third day was convalescent, having taken 17 grains of calomel.

Case 4.—March 3rd, 1840, 8 p.m. I visited Miss S., æt. 18 months, who had been in good health till early this morning, when a croupy sound was observed on coughing ; this gradually increased, and the child is now labouring under croup in a well marked form. I lanced the gums, ordered three leeches to be applied to the throat, gave $\frac{1}{6}$ of a grain of tartarized antimony, and two grains of calomel every three hours, beginning an hour after taking the emetic.—4th, 9 a.m. The symptoms improved, breathing less frequent, and sibilant ; croupy sound diminished ; voice less stridulous ; has passed three or four green slimy motions. Repeat the powder every four hours.—5th. The croupal sound has disappeared, and the child is convalescent. (20 grains of calomel taken.)

Case 5.—Feb. 7th, 1832, I examined with Mr. Statham, Wandsworth-road, the body of a child \ae t. 3 years, who died of croup on the 6th. He was taken ill on the 5th, and the nurse says, “in the forenoon of that day *he ate a quantity of roast pork, and drank some beer.*” The treatment consisted in the application of six leeches to the throat, followed by a blister, with calomel and tartarized antimony. The case was rapidly fatal. The whole extent of the interior of the larynx and trachea covered with a soft yellowish membrane, on removing which the mucous lining was seen very red and inflamed. The state of the bronchial tubes in this case was not attended to, and therefore it possesses less pathological interest, but the *diet* of the child previous to the attack is worthy of notice.

Case 6.—June 28th, 1836. I was called this morning at 7 o'clock to Miss D., Walworth, \ae t. 6 years. I attended her during an attack of measles about five weeks ago, from which she had entirely recovered. On Saturday evening (25th) whilst in bed, her mother observed a croupy sound when she coughed. On the following day, however, she appeared as well as usual. The same noise was observed again on Sunday evening, but on Monday the child seemed perfectly well; *she danced a reel and ate a sheep's trotter for her supper:* about 12 o'clock she was attacked with frequent croupal cough and voice; these continued till I saw her (7 a.m.) when she was in the following state: croupal noise and cough frequent; breathing hurried and sibilous; eyes suffused; head thrown backwards; pulse quick and small. The mother said “she had coughed up three or four pieces of membranous substance.” I proposed opening the trachea, but the parents would not consent. Death took place $8\frac{1}{2}$ hours from the commencement of the last attack.

Autopsy 28 hours p.m. The larynx and trachea contained a quantity of purulent fluid, and were lined with a false membrane, about a line in thickness; this continued to about the middle of the trachea: the mucous membrane highly injected, and slightly \oe dematous about the rima glottidis and sacculi laryngis; the lungs rather congested; the mucous lining of the bronchial tubes not inflamed. In this case tracheotomy would probably have prolonged life, and possibly it might have saved it, as the bronchial membrane was unaffected. I believe this to be one of the most rapidly fatal cases of Croup on record.

Case 7.—Aug. 22nd, 1839, 1 a.m. I was requested to see Mrs. R.'s son, Portland-street, Walworth, \ae t. 4 years, who from his birth had been strong and healthy. Mrs. R. states “that the child had a cold and cough, accompanied with hoarseness, about a week since, but he appeared to be getting better till yesterday, about 1 p.m. when the breathing became quick, and the cough had a croupy sound; Mrs. R. applied to a chemist who gave him some powders.” The child is now labouring under Croup in an aggravated form. I ordered four leeches to the throat, and gave $\frac{1}{6}$ of a grain of tartar emetic, and two grains of calomel every two hours.—9 a.m. The symptoms not relieved, the pulse quick and strong, breathing hurried; a dry whizzing sound is heard on applying the stethoscope over the trachea, and the mucous \ae le is present in the lungs. I took 4 oz. of blood from the arm, and ordered a blister to be applied to the sternum; the powder, with $\frac{1}{12}$ of a grain of tartar emetic, instead of $\frac{1}{6}$ to be continued.—4 p.m.

The breathing very difficult ; the child often convulsed and threatened with suffocation. Has passed three or four green motions. The blood taken in the morning cupped but no buff upon it. The pulse quick and feeble. The father is from home and Mrs. R. does not know whether her husband would consent to have the operation of tracheotomy performed.—8 p.m. Mrs. R. sent to beg that I would immediately perform the operation. I found the child in articulo mortis, but thinking that the obstruction to the passage of the air might be principally at the upper part of the larynx, I made an opening between the thyroid and cricoid cartilages. The child expired after three or four minutes. A quantity of air and bloody mucus was expelled through the aperture at each expiration.

Autopsy, 15 hours p.m. The lungs much inflated but normal in structure. The opening of the glottis was closed by a quantity of yellow, viscid mucus ; the aperture much narrowed by the deposit of plastic lymph ; this extended down the larynx and trachea, forming a perfect cylinder ; the mucous lining of the trachea and larynx much reddened. *The posterior surface of the epiglottis covered with a deposit of fibrin* : the lining membrane of the larynx and bronchial tubes red, and the left bronchus was filled with a soft fibrinous deposit ; a small quantity of this deposit adhered to the sides of the right bronchus. The lungs infiltrated with frothy serum.

Case 8.—Saturday, March 21st, 1840, 3 a. m. I visited Mast. B., Walworth, Æt. 4, and found him suffering from Croup. I learnt the following particulars from the father. “From his birth he has been a strong, healthy child, but last year he had the whooping cough, since which time he has not been quite so robust as formerly. For a few days he has had a slight cough, and yesterday morning his mother observed a peculiar, barking sound, which gradually increased : *he ate meat for his dinner*, some of which was afterwards ejected from the stomach. About 6 p. m. he was taken to a chemist, who gave him some fever powders.” The face is now livid and swollen ; the eyes suffused ; breathing difficult, and attended with a dry sound ; voice croupal ; the cough short and frequent, with a barking noise ; pulse quick. An antimonial emetic to be taken immediately ; warm bath, four leeches to the throat, and a powder with $\frac{1}{4}$ of a grain of tartar emetic and five grains of calomel every hour. 9 a. m. much in the same state ; the face more suffused, and the breathing difficult. His mother could only give him one of the powders. I told the father that I considered the case hopeless, but advised tracheotomy, telling him at the same time that the operation would afford but a very slight chance of success. He objected to its performance. I ordered the powder to be given dry with a little sugar every hour, and in this way he was enabled to take 7 or 8 doses. He died at 4 p. m.

Autopsy 35 hours p. m. The mucous membrane from the rima glottidis to the large bronchial tubes covered with a thick tenacious muco-purulent fluid ; the vessels of this membrane highly injected ; at the upper part of the larynx the fluid was more viscid, but did not assume a membranous form. The parenchymatous structure of the lungs healthy. I was not permitted to examine any other part.

Case 9.—August 19, 1840. Mrs. N.'s infant was in good health until this afternoon, when a slight croupal sound was observed on

less stridulous.—4th. Better. Take the calomel every four hours.—6th, Convalescent.

Case 17.—I saw the undermentioned case with my brother Mr. F. Crisp, of Walworth, who gives the following account of the symptoms. "Dec. 14, 1847, I was requested to see Mast. S. æt. 2½ years, a robust and healthy looking child, who for some days past had been suffering from a severe cough, but apparently not otherwise indisposed. I gave him some simple cough medicine, and did not see him again till the 16th, when I found him very feverish, and breathing as if his throat was sore. I ordered small doses of Tartar Emetic, which produced slight sickness, and on the following morning (17th) he appeared much better; pulse slower, less feverish and more cheerful; the cough also was less troublesome, and I could not then discover any croupy sound. The father came to me in the evening, wishing me to visit the boy, as he seemed much worse. I found him very restless, and breathing with a good deal of difficulty, frequent cough having quite the croupy sound. I ordered 2 leeches to the upper part of the sternum, an emetic, small doses of emetic tartar, and a grain of calomel every three hours.—18th. After the emetic the child seemed a little relieved, and slept for two or three hours during the night; but towards morning the breathing became more laboured, skin hot, pulse quick, great restlessness, with croupy cough and breathing. I requested my brother to see the case with me; he recommended the application of a strong solution of nitrate of silver to the back part of the throat, by means of a piece of sponge on whalebone; he also advised, if the child were not better in a few hours, that as a last resort, an opening should be made into the trachea. The powder of tartar emetic and calomel were continued every 2 hours, and some Acetum Lyttæ was applied to the external surface of the throat."

When I first saw this boy I was astonished at the little loss of strength; for when I entered the room he jumped up in the large bed in which he was lying, and ran to the further corner to avoid me; breathing at the same time as if a rope were tied round his neck. I thought the case a favourable one for tracheotomy, and assisted by Mr. F. Crisp and Mr. Taylor I opened the trachea at 5 p. m. A good deal of blood was lost during the operation. The ordinary tube did not answer. I then tried a portion of gum elastic catheter passed through a thin piece of cork, and secured it by means of adhesive plaister. I believe this will be found to be the best instrument for children. I also dropped a strong solution of nitrate of silver into the opening as recommended by Trousseau; this produced violent cough and expulsion of bloody mucus from the wound. The child appeared to be much relieved; he breathed entirely through the tube and took some arrow root; he had refused his food before the operation. He was carefully watched by my brother, and the tube cleared from mucus by means of a stilette: all appeared to be going on well until about ten hours after the operation, when death took place suddenly from suffocation.

Autopsy. The lining membrane of the larynx, trachea and larger bronchi, highly vascular; that of the two former covered with a thin fibrinous layer; this deposit was also present in the larger

think that Croup is contagious. These children were generally in a room with three doors, two of which communicated with the open air, and to this I attribute the frequent occurrence of the disease. I attended another child in this family with Croup, and treated it in the same manner: the case terminated favourably, but I did not take notes of it.

Case 14.—March 6, 1841, Mrs. R.'s daughter, æt. 3½, sister to the boy Case 7, was brought to me this afternoon; she had hoarseness and slight cough for the first time yesterday. She now suffers from Croup in its worst form. An antimonial emetic, followed by 4 grains of calomel every 2 hours, and six leeches to the throat.—7th. The symptoms a little improved. Continue the powder less frequently, and apply a blister to the sternum.—8th. The croupy sound nearly absent, the pulse quick and feeble. Ordered beef tea with a little wine and arrow-root.—9th. The blistered surface greatly inflamed and ulcerated, and it seems to occasion much irritation. All the symptoms of Croup have disappeared, but the child is drowsy and rejects her food.—12th. Since the last report she has been gradually getting weaker, the blistered surface sloughy and inflamed, and she is constantly endeavouring to rub it with her hands. During the last 3 or 4 days, the stomach has been very irritable, and nearly all food has been rejected.—13th. Died. I could not obtain permission to examine the body. I believe this child died from the exhaustion and irritation produced by the blister. I have recently seen an infant with Mr. Southwood, at the Metropolitan Dispensary, who died from the same cause. In this instance the blister remained on only for 2½ hours, but the mother thought that she did not remove all the spanish fly from the skin. In my own case I have no recollection as to the time the blister remained on. *This child and her brother were both carried frequently to a damp cottage in a nursery ground, where the father worked during the day.*

Case 15.—March 19, 1844, I was asked to see Mast. H., Kent Road, æt. 3, who had been attacked with croupal cough and breathing the day before. The symptoms diminished for a few hours, and returned again during the night: his father, a medical man, had given small doses of calomel and tartarized antimony. We then administered 3 grains of calomel every 2 hours. On the following day the croupal sound was less distinct, and on the 21st the child was convalescent.

Case 16.—Feb. 2nd, 1845, 11½ p. m. I visited Miss G., Walworth, æt. 4, who was in good health until yesterday, when she had slight cough and hoarseness. About an hour since Mrs. G. heard a barking sound on coughing, and this has gradually increased; it is now frequent; the breathing is rapid and stridulous; pulse quick; skin hot; countenance anxious; bowels confined; has not been exposed to cold, and the diet has been plain and simple. An antimonial emetic to be administered directly, and 2½ grains of calomel to be taken every hour.—3rd, 9 a. m. The antimonial powder produced vomiting, but the symptoms remained the same for some time; but during the last two or three hours the croupal cough has been less frequent; in other respects the child is in the same state. Continue the calomel every two hours.—8 p. m. The barking still very loud, but the breathing

The reader will agree with us that Dr. Swiney was insane. If he had committed suicide a jury would at once have come to this conclusion. We beg it to be observed that the London College of Physicians is not mentioned, and as the lecturer on Geology must be an M.D. of Edinburgh, it is most likely that the Fellows of the Edinburgh College of Physicians were meant. But we especially request the reader to bear in mind, that the prize was to be awarded to the *best* work on jurisprudence : that the competition was open to all the world, and that the will says *author*, not authors. According to the minutes of the Society of Arts, Oct. 6th, 1848, the President of the College of Physicians (Dr. Paris) was requested to appoint three fellows of the College to act as adjudicators with three members of the Society of Arts. Dr. Paris (without consulting the members of the College at large) *selected* Drs. Munro, F. Hawkins and Nairne, all office bearers at the College of Physicians, and these gentlemen gave the prize to Dr. Paris and Mr. Fonblanque, on the 20th of January, 1849. We believe that there are not three men in the profession, excepting Drs. Nairne, Munro and Hawkins, who will not denounce this as a gross act of injustice towards many able writers on jurisprudence, whose works are as much superior to Dr. Paris's, as honesty is to chicanery. Beck's book has passed through seven editions ; Christison's four ; Taylor's three : then we have the works of Male, Gordon, Smith, Chitty, Ryan, Guy, Orfila, Devergie, Martini, Barzellotti, Coetsem, Most, Henke, Kruglestein and others. But was this work, even in 1823, entitled to praise or reward ? We extract the following notice from the Edinburgh Medical and Surgical Journal, written a few months after the appearance of the publication.—

“ To conclude, much painful castigation will be required to render this work acceptable to the public, and more particularly to the medical world. Let the authors prune their classical excrescences, lop off the straggling branches of bare legal discussion, root out their rank unprofitable appendix, and confine the Royal College to the shady corner it ought in decency to occupy, or leave out the subject of medical police altogether ; and even then a patient revision and many little corrections will be wanted to render it truly worthy of the name of Dr. Paris.”

If the production was so defective in 1823, what estimate *should* have been formed of it in 1849 ? The tests for the poisons are most of them useless, and as for the jurisprudence, the statutes regarding medical evidence, wounds, infanticide, rape, and insanity, have been repealed ; so that the work would only tend to mislead the practitioner. It would be a waste of time to attempt to criticise this treatise, or to endeavour to find a page of it that is free from error. The article on perforation of the stomach, even taking into account the time at which it was written betrays gross ignorance of the subject. We give one specimen of clear-headed reasoning : “ Juventus—Youth.—This succeeds to adolescence, and in its turn is replaced by manhood. If the law does not acknowledge this stage of life, it at least tacitly allows it as being one best adapted for the vigorous discharge of public duties ; it is the age at which the greatest enterprizes have been achieved, and the most brilliant efforts of human genius fulfilled ;” and this stage, according to the book, is succeeded by “ *Ætas Virilis*.—Manhood.—The period of perennity of Aristotle.” Judging from this

definition we have a good many juvenile authors in our profession ; some of them might be called " baby writers."

In conclusion, we ask the reader, whether in his judgment the will of Dr. Swiney should not be put aside on the ground of insanity ? Whether *any* of the directions connected with the award of this prize were legally fulfilled ? And whether, as Professor Syme has observed, " a College which supported their President in, and identified themselves with, the perpetration of such an outrage on decency and propriety, could be safely trusted with any power of controlling the members of a liberal profession ?" We believe, that with the exception of Dr. Taylor, the Editor of the Medical Gazette, who thinks (and not without reason) that the prize should have been awarded to himself, not one member of the College has protested against the proceedings ; and the council of the Society of Arts is so satisfied with the affair, it has decided that the design for the cup should be emblematical of justice. We hope her eyes will be uncovered in future.

As public journalists we have thought it our duty to comment upon this disgraceful act. Let us hear no more about the fellows of the College who refuse to meet Homœopathic physicians, when such things are allowed within their own doors.

HOMŒOPATHY IN ACUTE DISEASES, BY S. YELDHAM, M.R.C.S.
8vo. Bailliere.

Mr. Yeldham five years since was opposed to Homœopathy from prejudice, but he now goes the whole globule ; we believe him to be conscientious, and acquit *him* of unworthy motives, but we think he has taken leave of his senses, and as *similia similibus curantur*, we recommend him to knock heads with Drs. Elliotson and Badeley.

The author commences his book with the modern anathema against the use of the lancet, and argues that as the blood is the source of life, it should remain in the body. Mr. Yeldham might as well object to the removal of *bad* aliment from the stomach by means of an emetic, or the introduction of the catheter to a distended bladder. Mercury, tartarized antimony, purgatives, and all medicines in allopathic doses, of course meet with the author's condemnation. He then goes on to relate the various cures he has effected by aconite, 6 ; pulsatilla, 8 ; byronia, 3 ; chamomilla, 4 ; nux vomica, 6 ; sulphur, 12 ; phosphorus, 12 ; mercurius, 6 ; spongia, 6 ; rhus, 6 : and so successful has been his treatment, that he has not recorded one post mortem examination : he sets pathology at defiance. The effect of these globules is extraordinary : consolidated lungs are quickly restored to their natural elasticity ; râles rattle off in a trice ; inflammations are rubbed out ; the apoplectic are made whole by globular trituration ; the hectic flush gives place to the bloom of health ; and the jaundiced eye in a few days assumes its pearly whiteness : in short the magician's wand never effected greater wonders than these infinitessimals. There is however one stumbling block in Mr. Yeldham's path, and that is *diagnosis*. He sees disease through a microscope of Munchausen power ; makes mountains of mole hills, and kills his imaginary giants with mites. Take a few specimens of his discrimination. " 10th. Auscultation betrays considerable consolidation of the lung.

Take phosphorus 12 three times a day.—12th. Respiratory sound much restored ; otherwise quite well.—Inflammation of the stomach, Mrs. C. first seen on the 18th, and cured on the 22nd.—Inflamed liver and jaundice, D. seen on the 23rd, cured on the 29th.—Inflammation of the bowels, E. seen on the 1st, cured on the 4th.—Water on the brain, M. seen on the 17th, cured on the 22nd.—Apoplexy, D. seen on the 21st, well on the 29th." We could quote a hundred other statements, equally captivating to those ignorant of pathology ; *ignes fatui* very likely to mislead aristocratic noodles, and weak-minded persons of all classes.

Our only excuse for noticing this production is to make a few remarks on this so called science of Homœopathy, based on the false assumption, that a medicine that will *produce* a disease will *cure* it. Bark, say the promulgators of this delusion, will produce ague, and it will also cure it. The premises are false, and the conclusions must be erroneous. Faith and proper diet will remove many disorders. We knew a blacksmith who sometimes cured ague by making his patients swallow a piece of paper, upon which he wrote some "dogs latin" a few hours before the expected paroxysm. But our homœopathic friends would probably attribute the cure to the gallate of iron in the ink. Of all the humbugs of the age, Homœopathy is the most imposing, because when superficially examined it appears to have something like a reasonable basis. Hohenlohe miracles, Morison's Pills, Animal Magnetism and Hydropathy are on the decline, and infinitesimals are in the ascendancy ; like other quackeries it will have its day, and then give place to some fresh delusion. Dr. S. Johnson used to say, "that if a man were to get upon a tree and preach with his head downwards, he would have a large congregation." And as with theology so with physic, the more absurd the doctrine, the more numerous are its disciples. But how useful this science of Homœopathy would be if fully carried out : let a man try the ten millionth part of a mutton chop for his dinner, or the billionth part of a bottle of wine and then consult his feelings. Dr. James Johnson, we think, suggested when Homœopathy was first on the *tapis*, "that if a bushel of Epsom salts were put into the Thames at Richmond, all the inhabitants of London might be physicked." We should like to see the effect of the infusion of a grain of common sense into 500 members of the House of Commons ; we might then get efficient medical reform, and our legislators might agree to the axiom, "That next to a man's *spiritual* welfare, his *bodily* health is of the most importance." But to sum up the merits of Homœopathy—Dame nature assisted by proper diet and mental tranquillity will cure many disorders and diseases ; and those who have been making chemists' shops of their stomachs for years, fly to these globules, and find to their astonishment that their health is wonderfully improved by this "do-nothing" system ; let the same individuals labor under acute inflammation, they may sometimes recover under this mode of treatment ; but what is the state of the organ affected ? generally damaged for life. We could adduce numerous examples of this, not only in the practice of the homœopaths, but amongst the non-depleting allopaths of our profession. Active inflammatory diseases require active treatment ; and although we are not blind to the many delusions that have existed and still

exist in our profession, we believe that all practical men, especially those who do not see disease through the obscurity of London smoke, will assent to this established principle of treatment.

THE PATHOLOGY OF THE KIDNEY IN SCARLATINA : ILLUSTRATED BY CASES. BY JAMES MILLER, M.D., Physician to the Western General Dispensary, Lisson Grove. 8vo. pp. 177. London : Bone.

The author says that these Cases have already appeared in a somewhat desultory form in the pages of the *Lancet*. Dr. Miller quotes 24 authorities (not Blackall) who have been consulted ; and amongst these are only 4 foreign authors, Plenciz, Rayer, Simon, and Vogel. The author states that the recent epidemic of Scarlatina, has afforded him an opportunity of studying scarlatinal dropsy in all its bearings. We scarcely need remind our readers, that very erroneous inferences may be drawn from *epidemic* diseases ; and we believe that many errors have crept into our medical literature, from these hasty and *partial* generalizations. Dr. Miller, in combatting Dr. Grave's opinion, that albuminuria is not invariably pathognomonic of Bright's disease, says, " However much then the anatomical characters of the renal affections may differ, scarlatinal dropsy must be considered semeiologically, if not anatomically, a distinct species of Bright's disease." We think there is no evidence to prove that scarlatinal dropsy and Bright's disease are identical. A child very frequently after a mild attack of Scarlatina, from exposure to cold, gets œdema of the hands, feet and face. The function of the skin, already much impaired by the previous inflammatory action, is now interfered with to a *greater* extent, and the minute vessels of the kidneys, from over distension, cease partly to perform their office.—Put this child into a warm bath, and give a few brisk hydragogue cathartics, and the dropsy and albuminuria in many cases soon disappear. A woman during an attack of puerperal convulsions has albuminous urine for two or three days ; another person eats pie-crust, and the same result follows ; who can suppose that the kidneys are *diseased* in any of these cases ? But we are at once silenced by the microscopists who talk of " the colouration of the Malpighian tufts ; of tubules divested of their epithelial lining, and of oleo-albuminous particles within the kidney cells ;" but as Mr. Wakley said of the members of the House of Commons, all these things are made of very "*squeezeable materials*." We are disposed to place all proper reliance on the microscope ; we prognosticate however that some of the modern microscopical drawings will long remain on the *tapis*, by forming patterns for carpet manufacturers.

According to the author, blood-letting in the subacute form of anasarca may be dispensed with altogether ; but in robust children above six years old, small blood-lettings from the arm are followed by favourable results ; but where the powers of life are much reduced, bleeding of any kind is inadmissible ; warm baths, mustard poultices to the loins, purgatives, and the means usually recommended are approved of by the author. Diuretics he thinks are doubtful remedies in this form of renal dropsy. Appended to the book are 75 cases ; but the personal pronoun is used so seldom that we are left in doubt as to who the medical attendants were. A general summary of these

cases would have made the work of more value. So much relating to the pathology of the kidney is speculative and visionary, that we must expect various opinions upon the subject; and although Dr. Miller's book is not likely to clear up these obscurities: it contains matter that is interesting and instructive.

PATHOLOGY OF THE HUMAN EYE, BY JOHN DALRYMPLE, F.R.C.S.
Fasc. i. ii. iii. and iv. London: Churchill, 1850.

The author in his introduction informs the reader, "that it is not within his meaning to publish a treatise on diseases of the eye, but rather to exhibit them as they occur in nature, with a series of drawings, with such explanations as shall identify them with symptoms, and with the general treatment of the case." Mr. Dalrymple says, "the plan, with the exception of that of Von Ammon, differs most materially from any that have preceded it." The drawings were made under the superintendence of the late Mr. John Scott and the author. The affections of the eyelids and lachrymal apparatus are first given: these will be followed by diseases of the eye proper, and the whole will conclude with malignant diseases. We apprehend there can be no difference of opinion respecting the beauty and accuracy of the drawings; they do great credit to Messrs. Kearney, Leonard and Bagg. Mr. Dalrymple mentions several English authors on the eye, but does not name one of his continental brethren, an omission the so-called "higher grade" are much given to.

The author thinks that leucorrhœa is by far the most prevailing cause of purulent ophthalmia in infants, but the disease is of a milder character than that produced by gonorrhœal matter. We doubt whether leucorrhœal discharge alone will produce this disease of the eye. In the early stage the author recommends a solution of alum, from two to ten grains to the ounce of water, beginning with the weaker form, and injecting it by means of a glass syringe. If chemosis have set in; one to three grains of the nitrate of silver to the ounce of water may be dropped into the eyes four or five times a day; the eyes afterwards to be covered with rags wet with cold water. The bowels and the secretions at the same time to be attended to. In purulent ophthalmia in the adult, the *heroic* plan of treatment Mr. Dalrymple thinks should be abandoned, and sloughing of the cornea is more likely to be prevented by the radiating incisions through the cornea, described by Mr. Tyrrell. As the disease declines, the alum lotion, bark, and an improved diet may be resorted to. We recommend all who can afford to purchase these Fasciculi, to have them on their library shelves.

A SUMMARY OF THE CLAIMS OF MEDICAL OFFICERS OF THE ARMY AND NAVY TO MILITARY REWARDS AND DISTINCTIONS. Reprinted from **THE LANCET** of Sept. 22nd, 1840. George Churchill, 423, Strand.

The anonymous writer of this pamphlet supplies sufficient evidence to make every member of our profession disgusted with the government, and almost ashamed of his country. After quoting numerous examples of gross injustice, the author says,

"To a reformed House of Commons alone must the medical officers of the army and navy look for redress from grievances of a character unusual in

modern times. In such a house there may be occasional error, but the cause of the deserving medical officer will not there suffer from the bad pride which, in aristocratic bodies, always prevents the retrieval of faults."

Here is the whole gist of the matter, and until an entire reformation take place, we shall have nothing but patchwork legislation and aristocratic rule. But there are movements in the rubbish that show that the rats are uneasy, and we trust that the time is not far distant, when men in our profession who have conferred a *benefit* upon their country, will be *honestly* and *substantially* rewarded. We care not to have them Barons, Baronets, or Knights, but give them a suitable reward, and an order of merit similar to that of the legion of honour in France; but let us have no hereditary titles descending as a matter of right to generations unborn. We fear, as in the civil ranks of our profession, the canker worm is in the heads of the departments, which we believe need an entire revision. Where are our army records? Where are the medical and surgical reports of the late war in India? We copy the following curious piece of information from the British Army Despatch, Nov. 1849: "Inspector Generals: Scotch, 3; Irish, 2. Deputy Inspector Generals: Scotch, 7; Irish, 3; English, 2; West Indian, 1. Staff Surgeons (1st class): Scotch, 21; Irish, 10; English, 4. Staff Surgeons (2nd class): Scotch, 26; Irish, 14; English, 10. Assistant Staff Surgeons: Scotch, 61; Irish, 10; English, 6; Colonists, 2."

We have only one fault to find with the author, viz. his fighting in ambush, but we suppose he was afraid if he showed himself that he would be "popped off" the list—for promotion.

RETURN OF STATISTICAL REPORTS OF THE HEALTH OF THE NAVY, FROM THE YEARS 1837 TO 1843, PART 1, SOUTH AMERICAN, NORTH AMERICAN, WEST INDIAN, AND MEDITERRANEAN STATIONS. Ordered to be printed by the House of Commons, June 8, 1849.

We knew a physician who boasted that he had 17 large manuscript volumes of cases written by himself, but it so happened that he drew no useful inferences from them: his labour was therefore lost; and so with these statistical details: the only persons likely to benefit by them, as far as we can see, are the printers to the House of Commons. The volume consists of a jumble of figures, but of no useful facts or deductions. We have one bubo in the Rover; a tumour in the Imogene; a verucca in the Stag; a case of icterus in the President; gonorrhoea in the Spider; palpitation in the Wizard; and bullæ in the Bittern. The head of the department, we suspect, is troubled with a complaint not described in Cullen's Nosology, called *langvor capitis*. Hundreds of interesting cases which are now lost to the profession, should be published under the title of the Army and Navy Medico-Chirurgical Transactions, instead of wasting the public money in these blue-books.

ON STRICTURE OF THE URETHRA AND FISTULA IN PERINEO, BY JAMES SYME, F.R.S.E., &c. Edinburgh: Sutherland and Knox: London: Simpkin and Marshall. 8vo. pp. 72, 1849.

Mr. Syme is an advocate for the use of the knife in obstinate stricture of the urethra, and after relating ten cases where this

operation was practised with great benefit, he concludes, "1. That division of a stricture by external incision is sufficient for the complete remedy of the disease in its most inveterate and obstinate form. 2. That in cases of less obstinacy, but still requiring the use of bougies, division is preferable to dilatation, as affording relief more speedily, permanently and safely." Mr. Syme makes a digression, and does not think with Sir B. Brodie, "that a fistula in ano is formed by ulceration of the rectum allowing the escape of a minute quantity of feculent matter into the neighbouring textures." We believe that most surgeons will agree with Mr. Syme on this point. "Fistula in perineo, unless complicated with some unusual cause of obstinacy, requires for its remedy nothing more than the removal of the stricture." Four examples are adduced in support of this opinion. The cases are recorded in a brief and simple manner, and on this account they are more worthy the attention of the surgeon.

ON DISEASES OF MENSTRUATION AND OVARIAN INFLAMMATION, IN CONNEXION WITH STERILITY, PELVIC TUMOURS, AND AFFECTIONS OF THE WOMB, BY EDWARD JOHN TILT, M.D. Physician to the Paddington Free Dispensary for Diseases of Women and Children. 8vo. pp. 250. London : Churchill. 1850.

The substance of this work has been already published in the *Lancet*. Dr. Tilt, in his introduction has a diatribe on modern nomenclature, but, as he has himself pointed out, his own "Diseases of Menstruation" may be objected to, and we think with good reason ; other terms too, used by the author, are not quite in accordance with the simplicity of the Saxon tongue : thus "*the generative intestine, prolegomenon, double touch, menstrual colics, involuntary virgins,*" &c. Dr. Tilt treats of the symptoms, causes, diagnosis, terminations and treatment of acute and subacute ovaritis, and illustrates his argument by thirty-six cases, two of which only were under his own care. The book contains a good deal that is speculative and hypothetical ; the subject however is beset with difficulties, and we believe that Dr. Tilt will see fit to alter some of his opinions hereafter, but he is entitled to praise for his industry in collecting a number of examples that bear upon a branch of pathology hitherto but little understood. We advise all who are interested in the subject of ovarian disease, to read the treatise and judge for themselves.

SCRAPS FROM OLD AUTHORS.

The generation of man. "The fourth opinion is altogether new. Its votaries affirm that an infinity of seminal animalculæ swim and flutter about in the liquor which composes the body of the seed. 'Tis said that with a microscope one may descry them very easily, and the gentlemen of the Academy of Sciences assure us that they have seen 'em in the seed of men, dogs, ducks, &c. They say they move in the seminal liquor, just as the small serpents do in vinegar ; and alledge, that these seminal animals are so many seeds of men, which being convey'd to the ovarium, strike at the first egg they meet with ; upon which one of 'em perforates the membrane, or gets into the egg by a supposed orifice, and presently shuts itself up, leaving the rest to perish without doors, unless some of 'em be so lucky as to slip into ano-

ther egg. The animal that enters the egg serves for sperm, which by swelling it up, prompts it to disengage itself from the ovarium, and tumble into the tuba, which conducts it to the womb."

"Mr. Hartsoeker intimates, in his *Dioptrical Essay*, that he takes himself for the first man that examin'd the seed of animals with a microscope, and discover'd that 'tis full of an infinity of other animals; which moved him to publish it in the 31st *Journal des Scavans*, for the year, 1678. He assures the world that the seed of men and quadrupeds is full of several little animals resembling young frogs, and that the animals in the seed of fowl are like worms or eels."

"The pulsation of the arteries, as well as that of the heart, consists in the two motions called diastole and systole; which being of the same nature with those of the heart, are perform'd mechanically as well as they, by virtue partly of the structure of the fibres of the arteries, and partly of the blood itself; which being pushed with violence into the aorta by the contraction of the muscular fibres of the heart, dilates the straight and circular fibres of its coats; and these fibres, by an elastick-spring, retrieving their primitive state continue to drive the blood to the extremities of the arteries, as they receive it from the heart. Doubtless the pulsation of the arteries answers to that of the heart. To be convinced of this truth, you need only to lay one hand upon the region of the heart, and at the same time feel the same person's pulse with the other; for then you'll be sensible that the pulsation of the one is contemporary with that of the other."

—*Dionis' Anatomy*, 1700.

"A paracentesis or perforation of the thorax or chest in an empyema is rarely made with the desired success, because the purulent or corrupted matter, is enclos'd in a cavernous bag, and sticks to the pleura, among the intercostal muscles. Mr. Ruysch thought it expedient, instead of a penknife or incision knife, to apply a potential cautery to the third and fourth rib, to be reckon'd from the lowest. The best caustick for this use is that made of quick-lime, and a lixivium of soap ashes, form'd into the consistence of a stone."

"There is another mighty ornament and honor both to the physicians and surgeons of London, which is Dr. Cyprianus, who was sent for from Holland in King William's time, by Sir Thomas Millington, the king's first physician, who in a short time got the envy of all from his eminent cures, and particularly his fame in cutting for the stone: the first of which operations he perform'd in England, was upon the said Sir Thomas Millington, President of the College of Physicians, and who then was above sixty years, whom he happily cured: so that he could not but rise at once to the utmost degree of reputation in his profession. And what he is farther famous for, is, his unheard of Cesarian Section, which he performed with applause, before several eminent persons in Holland, where he took out of a woman that had gone one and twenty months with child, a rotten or putrid foetus with the after-birth entirely whole, and this, not from the womb, but the tubes of the womb, and by this means freed the miserable mother from the evident danger she was in, which is an uncommon and unheard of precedent or example. The author has published the whole history by way of letter, printed at Leyden, 1700. It is a rarity to find such an excellent surgeon, endow'd with so much sin-

gular humanity and modesty among those sort of men ; for I have observed amongst most of the chirurgical operators, both in England and Holland, a strange kind of rusticity of manners and ill-nature, which they contract by their continu'd austerity and necessary cruelty to their patients in performing their operations."—*A Journey into England and Holland in the years 1706 and 1707, by a Saxon Physician.*

"Whether the wisdom of the nation would not full as much have appeared, if not much more, in forming a society for the improvement of physick *only*, without going further, or of such having any pretence to the monopolizing of practice ; whether this would not in all likelihood, have been of much more use than that of any other body of physick whatsoever ?"

"That the practice of Hospitals, and that of private practice, is in many respects extremely different, and consequently that the former is not a sufficient model for the latter."

"Of nominal and effectual doctors. That Hippocrates, as well as all the antients, were effectual doctors, (not of the modern nominal sort,) that is, they effectually proved themselves such, by their public writings and teachings, or their improvements in their profession, not by attaining or purchasing of vain titles or names, from such who frequently know little or nothing of the matter."

"Whether any one of the profession, though educated in the usual regular way, may not, nevertheless, be as great a quack, (as we term it,) Charlatan, ignorant and deceitful pretender, as any other not so bred, if such do not act up to knowledge and honour."

"When we duly consider physick, that is, the true art and knowledge of a physician, useful for the proper preservation of human bodies, with the cure of their maladies ; we shall observe it principally, if not the whole, to be little else than a great sagacity. This assertion may, at first, I doubt not, a little surprize and startle my reader, who may perhaps be ready to reply, that surely there must be much more necessary than this ; as that of the various kinds of learning so usually taught a physician ; to wit, that of the Latin and Greek, the university education, that of anatomy, the animal economy, surgery, botany, pharmacy, chymistry, natural philosophy, some say mathematics also ; and, in a word, the knowledge of symptoms, nature and cure of all the maladies incident to the human body. Yet allow me to observe, that even all these, without the former, is *just nothing*, unless to do *more mischief than good*."—*Natural Sagacity the Principal secret in Physic.* 1710.

"There be two kinds of physicians, one sort, who study, watch and strictly attend dame nature's laws, still carefully writing and observing what it is she principally inclines or intends, and do accordingly strenuously endeavour to assist her in all her proper intentions, no way to overload, confound, or to disturb her in such her laudable intentions. The second species of practitioners are those, on the other hand, who scarce allow themselves to think any thing about nature, or in the least to attend or to consult her ; but, on the contrary, seem far more inclined to be beforehand with her by a precipitate practice, seeming indeed thereby to be forward enough absolutely to dictate to her, and to show her the way. Whereas

the very change of weather, aliment, &c. frequently inclines her, quite contrary to our intentions, to work off such humour or malady by stool, urine, or sweat. Thus then it is, that they do in reality but confound nature by various means, or the multitude of their medicines, confusedly jumbling, without rime or reason, all the humours of the body, now backwards, then forwards, so torturing and confounding the unhappy patient to no good or real purpose as to the cure of his malady. And so it is that the practitioner shall not only thus acquire considerable gain by frequency of fees, but shall attain to high reputation also, (much supported by all interested therein,) whilst the first practitioner shall scarce again, either in such like case, tho' far more successful, but will rather be neglected, despised, and laughed at for his folly."—*Gothic Oration*, 1745.

Registrar General's Reports from the 25th of March (page 48) to the 25th of June. The deaths in the first quarter, ending March 31st, were 98607—less by 21065 and 21414 than in the corresponding quarters of 1847 and 1848. In London the weekly mortality from the 16th of March, where our last notice ended, has been as follows: 1026, 1167, 1124, 893, 866, 803, 829, 857, 880, 866, 736, 844, 800, 775. The mortality in these 14 weeks, is less by 1614, than in the corresponding weeks of 1849.

The subjoined are the cases of most importance. Four drops of laudanum innocently given to an infant *æt.* 7 months—death in 20 hours. A child, *æt.* 2 hours, hæmorrhage from the nose. A child, *æt.* 3, impaction of fish bone in the larynx—death from laryngitis in 14 days. A lunatic, *æt.* 27, a needle thrust into the heart—death in 4 days from inflammation. An infant, *æt.* 1 year, spasm of the glottis from a minute fibre of wood.—9 deaths from chorea were registered in one week; nearly double the number that usually occur in a year. An infant, *æt.* 7 weeks, sudden death, apparently from over-distended stomach. Ovarian dropsy 8 years, the woman *æt.* 32—tapped 43 times. A barrister, *æt.* 53, neuralgia; exhaustion from excessive pain. Female, *æt.* 36, spasmodic croup—18 hours. Male, *æt.* 20, aneurism of the middle cerebral artery. Mr. Rees alludes to 4 cases of sudden death from hæmorrhage in phthisis (where patients were apparently improving) from cod-liver oil. A person, *æt.* 36, was fishing in the New River, and had just caught a jack; he was so excited that he died suddenly—disease of the heart and apoplexy. A gentleman, *æt.* 55, rupture of a coronary artery. Female, *æt.* 40, died of inflammation of the arm from the sting of a bee. At 5, Britannia-gardens, of a "*decay of nature*," Catherine O'Flaherty, aged 110—was in full possession of her faculties, and could thread a needle, without the aid of spectacles, two days before her death. We find that during this period, the extraordinary number of 21 infants have been *accidentally* suffocated in bed. According to the Registrar General, in 1167 deaths, 97 per cent. were registered under the authority of medical certificates and coroners.

PASS LISTS OF THE LONDON EXAMINING BOARDS, FROM MARCH 15th TO JUNE 15th,

WITH THE MONEY RECEIVED, EXCLUSIVE OF STAMP DUTY, SINCE JAN. 1st 1850.

College of Physicians—Clarke, J.—Hare, C. J.—Pollock, J. E.—Wadham, W.
Number admitted since Jan. 1 : 4. Money received, £166 8s.

Apothecaries Company.—Arthur, D.—Acton, W.—Austen, J. C.—Aldred, H. A.—Bachelet, P.—Bateman, F.—Baker, J. D.—Barnett, H. F.—Biron, J. M.—Button, A. M.—Blyth, E. J.—Barwis, J. L. B.—Breach, J.—Buckle, R. T.—Brett, A. T.—Bishopp, J.—Brierly, J.—Bayldon, W.—Brandt, T. A.—Bullock, C. J.—Briggs, J.—Beals, R.—Clarke, A.—Cleaton, J. D.—Chepmell, J. D.—Clark, J.—Croker, T.—Clarke, W.—Cooke, R. T.—Crisp, J. H.—Cockcroft, W.—Cupiss, F. P.—Combs, J.—Crisp, N.—Duthoit, T. J.—Dingley, W.—Davis, H. M.—Davidson, J.—Dimock, A.—Doyle, E.—Dukes, M. C.—Eddowes, W.—Fowler, R.—Furze, J.—Forester, H.—Gaye, H. S.—George, H.—Hailey, C. C.—Hillier, J. T.—Hill, A. W.—Hollingsworth, J.—Haigh, T. A.—Hanbury, C.—Hartshorne, F. H.—Hounsell, H. S.—Higgs, T. C.—Hammond, J. H.—Ingle, M.—Jerrard, J. H.—Knaggs, S.—King, K.—Kean, H.—Lawrence, H.—Lewis, R.—Larcombe, S. S.—Massey, H. H.—Mathias, A.—Martin, F. C.—McCormick, J. V.—Madge, H.—Morgan, J. H.—McCarthy, J.—Moyles, T.—Morris, T.—Morris, C. W.—Newnham, C. A.—Neate, C.—Neale, R.—O'Callaghan, C.—Payne, L.—Pound, G.—Peskett, A.—Plumptre, F. H.—Parke, J. L.—Parfet, H.—Paterson, J.—Plumbe, S.—Shorthouse, J. H.—Simmonds, H. M.—Steele, W. S.—Sharpin, H. W.—Shroeder, H. S.—Scott, W.—Salter, G.—Stormont, H. J.—Skinner, W.—Sweetman, M.—Spence, W. M.—Sargent, H. E.—Trauncer, J. H.—Tinsley, W. W.—Tenny, C.—Walker, J. W.—Whitechurch, R.—Wilson, J.—Wells, J. S.—Wade, W. S.—Webb, H. S.—Wildbore, D. H. G.—Williams, J.—Wotton, W. G.—Welch, C.

Number admitted since Jan. 1st : 140. Money received, about £1015 6s.

College of Surgeons.—Adams, E. B.—Allanson, H. G.—Arthur, W. H.—Amesbury, J. W. R.—Andrews, F. F.—Acton, W.—Barry, J. C.—Burder, G. F.—Beaman, G. H.—Beckett, A.—Beverly, E. P.—Brushfield, T. N.—Brice, T. F.—Bird, G. G.—Bridge, A.—Brown, G.—Bravan, F. W. C.—Brown, E. A.—Bannister, H. P.—Berry, J. L.—Bromley, H. W.—Bowen, E. N.—Broadbent, S. W.—Burt, R.—Bowler, J.—Cleaton, J. D.—Clark, W. M.—Collins, A.—Clover, J. T.—Caird, T. W.—Cathcart, J. E.—Clark, J.—Culhane, P. G.—Coggins, J. L.—Coley, H. F.—Down, G.—Dyer, F. J.—Dorman, E. B.—Dyffryn, M. D.—Darwen, J.—Dyas, J. E.—Dalby, W. B.—Effendi, H. A. R.—Forbes, J. G.—Forster, J. E.—Farish, H. G.—Fairless, W. D.—Folkard, H.—Fleming, A.—Grantham, J. T.—Griffeth, J. T.—Griffeth, G. H.—Garnham, G.—Goodchild, F.—Gregory, R.—Haycock, E.—Halls, J.—Hewett, W.—Hornby, G.—Hewitt, W.—Haynes, J. A.—Jones, W. V.—Jeken, J.—Johnson, H. S.—Jones, W. L.—Joynt, F. G.—Johnson, C.—Kirkpatrick, G. H.—Leman, H. P.—Lilley, J. H.—Little, J.—Lomax, A. R.—Lyth, T. J.—Mudge, T.—Maxwell, C. R.—Maclise, J.—Mayhew, H. I. O.—Mountford, J. B.—Moore, A. W.—Mackmurdo, H. H.—McIntire, D.—McMorris, S. D.—McKeogh, D.—Moore, G.—Nelson, H. F.—O'Donnell, J. J.—Patient, J. C.—Penfold, M. A.—Potter, J.—Prater, W.—Paterson, J.—Parker, J. A.—Power, A. G.—Pring, E. J.—Rayner, R.—Robertson, W. T.—Rodgers, A.—Roper, C. H.—Rainey, W. B.—Sarvia, T.—Sharpin, H. W.—Saunders, D. L.—Smallpage, W.—Swain, W. D. P.—Scriven, J. B.—Shorthouse, J. H.—Skinner, W.—Skipton, D. P.—Skin-kwin, T. C.—Scatliff, A.—Stoate, J.—Smith, J.—Thompson, T. Y.—Thompson, W.—Thomas, R. S.—Voss, H. W.—Watkins, J.—Ward, T.—Watts, C. J. R.—Warrilow, L.—Woffenden, C. G.—Webb, S. M.—Williams, J. C.—Wright, H. G. A.—Young, J.

Number admitted since Jan. 1st : 169. Money received, £3380.

The late Dr. James Johnson in 1837 said, "the profession bore a certain resemblance to a well known monster of three heads; but our three heads, he remarked, pulled three different ways, leaving the body to be torn to pieces by its enemies. The three heads of course have three mouths; each mouth a private œsophagus which leads to a private ventriculus, into which all the aliment collected from the body is popped, and the *body never sees it again*." The private ventriculus of the old lady in Pall Mall is not in a state of repletion, but she labours under bulimia; not satisfied with swallowing the Swiney cup, she has a craving for Scotch parchment, and the guineas of "half extent" practitioners.

LONDON MEDICAL EXAMINER.

AUGUST, 1850.

THE UNIVERSITIES OF OXFORD AND CAMBRIDGE.

THE vast majority of the members of our profession, will hail with pleasure the institution of a Royal Commission to inquire into the state of these Universities; although no one acquainted with the government of this country can suppose, that the investigation will be sufficiently extensive and searching, to lead to any useful result at present. A few of the withered branches may be lopped off, but we must look to a reformed House of Commons for the removal of the canker-worm at the root. The chancellors, vice-chancellors, and heads of houses, have already shown their uneasiness, and His Royal Highness Prince Albert regrets that the University of Cambridge is not allowed to *reform itself*. The ecclesiastical cormorants, the corporate maggots in our own profession, the aldermanic revellers in Smithfield filth, and the sticklers for City charnel-houses, all cling to their corruption, and cry "vested rights." We should as soon expect to see a blue-bottle-fly metamorphosed into a bee, as to find these *gens de même famille* advocating useful reform.

The education at these Universities in some respects is inferior to that of the charity school boy; *words* are studied and not *things*, and the doctrine of looking through nature up to nature's God, is scarcely taught. The weed that grows under the College wall, or the insect that crawls on the window, if properly studied, would afford more useful information, and tend more to expand the mind, than half the authors of antiquity. But what said the Rev. Sidney Smith of these Universities?

"A young Englishman goes to school at six or seven years old; and he remains in a course of education until twenty-three or twenty-four years of age. In all that time his sole and exclusive occupation is learning Greek and Latin: he has scarcely a notion that there is any other kind of excellence, and the great system of facts with which he is most perfectly acquainted, are the intrigues of the heathen gods; with whom Pan slept?—with whom Jupiter?—whom Apollo ravished?"

"At present we act with the minds of our young men as the Dutch did with their exuberant spices. An infinite quantity of talent is annually destroyed in the Universities of England by the miserable jealousy and littleness of ecclesiastical instructors. It is in vain to say we have produced great men under this system. We have produced great men under all systems. Every Englishman must pass half his life in learning Latin and Greek; and classical learning is supposed to have produced the talents which it has not been able to extinguish. It is scarcely possible to prevent great men from rising up under *any system of education however bad*. Teach men dæmonology or astrology, and you will still have a certain portion of original genius of these or any other branches of ignorance and folly."

We extract the following from a recent article in the Daily News:

"No one who has spent much time at an English University would be mad enough to assert that these Institutions were nurseries for profound and active scholarship. In Oxford no man uses any but German editions of the Classics. For years past German scholars have superintended editions of Oxford books. Dindorf alone made a fortune by his connexion with Oxford. In Cambridge, while the Continental Universities were pouring forth every year, mathematicians who were acquiring European reputations, the sole way in which the English student could learn to follow at an humble distance the footsteps of the Continental giants, was by perusing in the manuscripts of his private tutor,

extracts from the French mathematical publications. To this day the advanced student reads his Differential Calculus in Moigno, and has not yet heard of the Geometry of Chasles."

If we look to the discoveries in the arts and sciences, we find that the greater number of men were not from these Universities. If we turn to the law, we see that some of the most eminent in this profession have been self-educated; and our celebrated painters and sculptors have not to thank Oxford or Cambridge instruction for their proficiency. It is probable that not less than 150,000 students have been educated at the Universities of Oxford, Cambridge, and Dublin, during the present century; many of these have obtained a just celebrity, but how small is the quantity of wheat, compared with the chaff!

The chief object in making this subject one of our leading articles, is to show the baneful effect of a medical University education, at Oxford or Cambridge, on the members of our own profession. Our theme is not the cure of souls, but the cure of bodies; and we honestly believe that Oxford and Cambridge have a dark catalogue of sins to answer for on this score: exclusiveness, cliqueism, and aristocratic pride, at these Universities have taken the place of liberality, fraternity, and catholicism; and the medical satellites who have emanated from these academic portals, have fully carried out the bigotry and arrogance of their Alma Mater. The charter of the College of Physicians, granted in the reign of Henry VIII. for the purpose of preventing *ignorant* persons practising physic and surgery, directed that "*all persons properly qualified* should be admitted." But the Jacks in office determined that their conclave should consist only of a select few; and in 1663 the number of the members belonging to the College, practising in London or elsewhere, was limited to 40. Two years after this, during the plague in London, when 7000 or 8000 persons died in one week, the greater number of the members and licentiates of the College ran away from London, leaving the sick to the "lower grade," and to the host of quacks and charlatans, that *their exclusiveness had served to create*.

But let us judge of the tree by its fruit, and how small the produce; how few men are there who have emanated from these Universities, who have been really eminent in our profession. Harvey obtained all his knowledge of anatomy in Italy, where he graduated. Sydenham was a captain in the army, and according to Sir R. Blackmore "was made a physician by accident, and despised the learning collected out of the authors, his predecessors." Baillie was educated at the University of Glasgow, obtained a Scotch exhibition at Oxford, and spent his vacations with his uncle, Dr. W. Hunter, with whom he studied anatomy. Sir A. Carlisle says John Hunter told him, when speaking of his friends who were desirous of sending him to Oxford, "they wanted to make an old woman of me; or that I should stuff Latin and Greek at the University; but, (added he, significantly pressing his thumb nail on the table,) these schemes I cracked like so many vermin as they came before me." These Universities have scarcely produced an anatomist or physiologist of note, and in the domain of surgery we cannot find *one* man of eminence who has been connected with them. But let us point to *some* of the

past ornaments of our profession, who have not graduated at Oxford or Cambridge. The names of most of those who were in general practice are in italics :

Akenside, *Abercrombie*, *Annesly*, Abernethy, Armstrong, Bateman, Baron, B. Bell, *J. Bell*, C. Bell, Black, *J. Burns*, A. Burns, *Babington*, *Bree*, *Blane*, *Birkbeck*, *Cullen*, *Cheyne*, *Cheselden*, Cruikshank, *Currie*, A. Cooper, *S. Cooper*, *Clarke*, *Cross*, *Carmichael*, *Combe*, *Denman*, *Thos. Davis*, *D. Davis*, Duncan, *Dalrymple*, *Fothergill*, *Fordyce*, *Fowler*, *Fyfe*, *Farre*, *Gooch*, *Good*, *Gregory*, *Huxham*, *J. Hunter*, *W. Hunter*, *Hey*, *Hamilton*, *Hewson*, *Henry*, *Hooper*, *Haighton*, *Hope*, *Jenner*, *James*, *Jas. Johnson*, *Jackson*, *Jones*, *Louder*, *Lettson*, *Liston*, *Mead*, the *Monroes*, *Marcet*, *Male*, *Martin*, *Martineau*, *Pringle*, *Pitcairn*, *Percival*, *Parry*, *Pemberton*, *Pott*, *Prout*, *Plumbe*, *Priestly*, *Rigby*, *Ring*, *Rutherford*, *Reid*, *A. T. Thompson*, *Wells*, *Wiseman*, *Withering*, *Willan*, *Walker*, *Ware*, *Wishart*, *Woodville*, *Young*.

We next turn to *some* now living, whose labours in the field of medical science have tended to benefit their fellow creatures. The reader will perceive that the list might have been *greatly extended*, but the subjoined names will suffice to illustrate our argument. Those who are, or have been general practitioners are in italics :

Arnott, *Addison*, *Allison*, *Ashwell*, *Bright*, *Billing*, *Bird*, *Bennett*, *Ballingall*, *Brodie*, *Brande*, *Baron*, *Clutterbuck*, *Chowne*, *Sir C. Clarke*, *Sir J. Clarke*, *Copland*, *Christison*, *Corrigan*, *Crompton*, *Churchill*, *Craigie*, *Carswell*, *Conolly*, *Cowan*, *Ceeley*, *Fergusson*, *Forbes*, *Garrod*, *Grant*, *Goodsir*, *Gregory*, *Guthrie*, *Hall*, *Hodgkin*, *Hassall*, *Hudson*, *Heraopath*, *Lee*, *Locock*, *Lever*, *Letheby*, *Mantell*, *Nunnerly*, *Owen*, *Pereira*, *Quain*, *Quecket*, *Simpson*, *Stokes*, *Sharpey*, *Syme*, *A. Taylor*, *J. Taylor*, *Travers*, *Tweedie*, *Teale*, *Winslow*, *Williams*, *Walsh*, *Wright*.

It must be observed, too, that the Oxford and Cambridge Graduates have had great advantages ; they have been selected *invariably* as censors at the College of Physicians, although many of them have been woefully deficient in "*practical experience*." They have been chosen fellows over the heads of men of high repute, and they have received Hospital appointments in consequence of their connexion with these Universities. But we conclude with the words of a quaint writer of the seventeenth century.—" 'T is true, indeed, that you in particular, of the *Universities of Oxford and Cambridge*, do naturally, and in the most friendly manner agree, much rather to *choose* and *employ* your own *fellow students* and *associates*, your *familiar chums* and *bottle-companions* of either place, than *any else*, without over-scrupulously *examining* into the matter, of more or less *knowledge* (a custom well known in our kingdom)."

THE TREATMENT OF THE LATE SIR ROBERT PEEL.

The various and conflicting opinions respecting the treatment pursued in the case of this eminent statesman induce us to say a few words respecting it. We gather the following particulars from the account sent to *all* the journals, and we suppose, if not drawn up by

the medical attendants, that it had *their sanction* before it was made public. "Sir Robert, after the unfortunate accident, Saturday, July 6th, walked with assistance into the house; the pain after a short time became excessive; no examination was permitted; it was assumed that the comminuted fracture of the clavicle was the only injury; the bandages over the clavicle were removed at the request of the patient; the symptoms at first were not considered alarming. On Sunday the pulse quickened from 80 or 90 to 100. Twenty leeches were applied to the shoulder. On Monday night the alarming symptoms increased, the patient was delirious. On Tuesday the pulse was 112 to 118; becoming very weak. At noon Sir Robert expressed himself better, but the change was but of short duration; the pulse ran on to 130, the breathing became more painful and stertorous, and at 11 o'clock death terminated the career of this estimable man."

A full report of this case we hope will soon be before the profession, but we now enquire, if Sir R. Peel had been a peasant, whether his sufferings might not have been lessened, and his life prolonged? We ask, what would have been the probable effect of the *early* abstraction of blood from the arm, and the employment of a bandage round the chest? We may be told that so many "*eminent*" men could not have erred; but it is the *number* that we especially object to. The old adage of the wisdom of a multitude of councillors, we believe, is not applicable to medical consultations. We speak *generally*, and do not intend our remarks to apply to this particular case. From the facts we at present possess, we presume that Sir Robert Peel laboured under pleuritic inflammation, and we have yet to learn why *early* depletion from the arm was not resorted to?

MONTHLY POLITICAL RETROSPECT.

We have been requested by the Council of the National Institute to insert the following:

"The principal objects of the Institute are, to maintain an effective organization of the General Practitioners—to expose, discourage, and suppress, by registration, and every other practicable means, illegal and unqualified practice—to employ all legitimate means for the purpose of urging upon the Government and the Legislature, the claims of the General Practitioners of this country to corporate rights—to promote a high standard of education and qualification, with a satisfactory test, by efficient examination, for every individual authorized by law to practise Medicine, Surgery and Midwifery—and to form, irrespective of the *Special Colleges*, an Institution comprising within itself the entire range of medical and surgical knowledge.

"The body of General Practitioners includes, every gentleman who was in practice previous to the 1st of August, 1815; every licentiate of the Apothecaries Society; every fellow or member of any Royal College of Surgeons in England, Ireland and Scotland; every doctor or bachelor in medicine of any University of the United Kingdom; and every fellow or licentiate of any College of Physicians of the United Kingdom, in actual practice as a General Practitioner. The question sent to gentlemen in general practice is the following:—Are you desirous of a separate Incorporation of all the qualified General Practitioners of Medicine, Surgery and Midwifery in an Independent College of their own, upon the Elective principle, comprising within its own limits the entire range of medical and surgical science and practice, with the control of the education and examination of all future members? The dispensing of medicines not to constitute a disqualification for offices of honor and emolument."

The South Eastern, the largest branch of the Provincial Associa-

tion, met at Guildford on the 26th of June, and a special meeting was appointed to take place at the Town Hall, Reigate, on the 10th of July, to consider the report. At this meeting twenty gentlemen were present, and six sent letters approving of the Institute. Mr. Bottomly of Croydon moved an amendment to the Report in favor of the Colleges of Surgeons and Physicians, but this was not seconded, and the Report in favor of the Institute, with this exception, was unanimously adopted. We make a few extracts from this excellent Report, and regret that our space will not allow us to attend to the request of the secretary, Mr. Martin, to insert the whole of it.

"Their brother members may be assured, that at all times, and more especially at the present important crisis, the laws by which medical practitioners are governed are of superior importance to every other consideration, as having a paramount influence, not merely on their political, but as affecting their moral and social as well as their professional welfare."

"After many and often repeated applications and solicitations almost humiliating, from the various representatives of the General Practitioners, the Council of the College of Surgeons have rejected all propositions, and have repudiated the deliberate and solemn engagements of their delegates, to the great disappointment of the other parties to the conference committee at the College of Physicians. After these anxious and hopeless endeavours therefore, the general practitioners must come to the conclusion of the utter impossibility of rendering the College of Surgeons what has been appropriately and emphatically termed their "head and home."

"The third is, the fear of a supposed inferiority of the new College. Whereas a College comprehending the practitioners of all the three branches of the profession, all the sections of the healing art, with high qualifications in every department, must, surely, be as dignified and as elevated in its attributes as any College taking into its study and qualification of membership one section only, and a supposed practical exercise of one division only of the profession."

Some remarks not very complimentary to the Editors of the Journal are inserted, and these gentlemen claim the right of being "*tried by their peers*!"—Cambridge M.D.'s and Lincoln's Inn Fellows, we suppose? We now allude to a strange occurrence at the Suffolk branch of the Association. Mr. Bree, the secretary, said he consulted the members of Council residing at Bury and Ipswich, and they unâ voce, opposed the discussion of medical reform: of course they did, they are all Hospital surgeons and physicians. Mr. Bree farther *takes upon himself to state* that the men of Suffolk are sick of medical reform; he advises a "*high minimum*" of qualification; the examiners to be from the Colleges of Surgeons and Physicians. A "*high minimum*" is Mr. Bree's requirement. But will the 200 men of Suffolk really be satisfied with a *minimum* qualification? will they tamely allow themselves to be thrust into the "*lower grade*?"

Since writing the above, the memorial of the Apothecaries Company to Sir G. Grey has been put into our hands, and this old lady we find, who was to have gone out of the world so quietly, wakes up from her fox's sleep, upsets the National Institute, gives a *knowing* wink at the Colleges of Surgeons and Physicians, and cries right lustily rhubarb and jalap again; she would willingly have ten guineas instead of six from her country members, and does not propose any specific change in the mode of election of her governing body. What liberality for the 19th century, what a prospect for medical science! In the scheme of the National Institute we saw that the general Practitioners might, in a short time, take as good a position

as the *pures*, and we knew that the *opposition* arose from *this belief*: but we objected to the Institute because its objects were *local*, and it did not embrace the whole profession. We await the next turn in the Medico-Chirurgico-Apothecary game. We see already a move or two in advance, and if the general practitioners are checkmated, they deserve it. Mr. Wyld, with the assent of the Home Secretary, has obtained leave to bring in a Bill to incorporate the General Practitioners of England and Wales.

According to Sir F. Baring, the assistant surgeons of the navy are to serve three years before they are allowed the advantages of the ward-room, and they are to have cabins in such ships as can afford the space. So these gentlemen, after they have been sufficiently polished by the Eton and Harrow "middies," are to be admitted into the society of their "*bettters*." This is a foretaste of the kind of medical reform we may expect from the present government.

HINTS ON THERAPEUTICS.—No. I.

By W. C. DENDY, Esq., Surgeon to the Royal Infirmary for the Diseases of Children, Waterloo Road.

There are two points regarding Therapeutical agency, or the *modus operandi* of medicine, which are constantly presented to us, but which like other common things we are apt to overlook: the eligibility of a frequent change in the administration of remedy, and that of the simultaneous exhibition of those agents which seem to be incompatible, or even antagonistic. It is almost an every day complaint with us, or to us, that a medicine which seemed to be doing all we could wish for a few days, had suddenly suffered a suspension of this beneficial influence. Yet we too often enjoin perseverance, long after it was our duty to change or discontinue. I do not allude to the innocent, even pious fraud of the system of 'placebo,' for by such a deceit we constantly "amuse the patient while nature is effecting the cure;" but to those cases where a pause in the progress of convalescence, or a change in the type of disorder, indicates the adoption of a different course. It is by this empirical routine of practice, that valuable remedies are brought into disrepute and disgrace, and it is this abuse that distinguishes between quackery and science; (the preponderance I fear being in favor of the former,) because as Paley has written, "the mass of mankind act more from habit than reflection." It were well if this error were always negative, the deprivation of a good; it is too often positive, the infliction of an evil.

The influence of those agents which we may term poisonous, is as we know most valuable for a time and within certain limits. Mercury, arsenic, opium, digitalis, how can we over estimate their judicious employment; yet if we overlook or disregard ptialism, cephalgia, narcotism, syncope, the effects of their abuse, the consequence must be perilous, often fatal. I need but glance at the necessity of strictly watching the influence of those drugs which have a cumulative property, as arsenic, digitalis, and the like. Thus the daring empiric is constantly on the threshold of unjustifiable homicide; for in the employment of his potent nostrums, he neither knows when to stop nor how to remedy the evil of his excesses, even when he perceives it. Perhaps the educated quack may be placed often in the same category.

In dietetics we constantly witness the ill effects of an undue continuance of one sort of diet, especially in the nursery. And with the adult, the constant use of the same viands, the *toujours perdrix* three or four times in a day, would soon terminate in loathing. So the satiety of physic is the effect of the changeless remedy. The assimilating as well as the mental organ requires novelty.

Again the morbid condition of an organ for which a remedy was sought, may be converted either by such remedy, or by the *vis medicatrix* into a more, or a perfectly healthy state. It is then under different circumstances with respect to the medicine. The peculiar state may require an increased dose of the remedy, or a complete change of remedy; for medicinal agents, we know, have a very different effect on healthy and morbid tissue. The system is more or less amenable also to medicinal influence under certain conditions. When it is debilitated by disease, or by excess of depletion, very diminutive doses of that drug which might be given in a tenfold degree in health, may destroy life. Clarke states that a horse thus lowered may be destroyed by a far less dose of opium than in a healthy state. We know too that free bleeding renders us far more susceptible of the influence of mercury, digitalis, &c. This may be the *immediate* effect of the specific quality of a drug on a circulating or nervous system incapable of resistance, or the absence of that assimilating or decomposing power, which in a state of health and energy may render even a poison comparatively inert or innocent. These effects point at once to the necessity of our judiciously apportioning the duration and degree of remedy to the *present* condition of organs—of adopting remedial *changes*, according as the organic or systemic changes themselves ensue. There is ever a point or instant of time when, in consequence of a change of condition, it would be judicious to change also our mode. A stimulant for instance may bring up an apathetic or collapsed system to a comparatively favorable point, but if continued it may soon induce disease. We see this illustrated constantly by nature herself. The *vis medicatrix* is to a certain point remedial—beyond that it may be destructive. Spontaneous diarrhoea and other effusions may be set up to reduce inflammatory action; but these may be in excess, and if not controlled may soon destroy. So with medicine; hypercatharsis or collapse may soon be induced by the abuse of drastic purgatives and blood-letting. The *specific* remedies and those which check morbid action by establishing their own, have a *hair-line* breadth at which they should be changed or suspended. In the treatment of syphilis, at the moment that the venereal poison is neutralized or subdued, the mercurial poison begins to effect a morbid instead of a sanitary influence. The illustrations may be multiplied, but this is enough to prove the necessity of a judicious change of remedy at certain points. It is not even enough if a cure is vaunted by the empiric through his nostrum, nature often effects the cure *in spite* of the remedy. Homœopathy and hydropathy are more indebted to the *adjuvantia* than to the *system*. Pure air, salutary diet, gentle exercise, mental recreation have far more to do with convalescence than the empiric's interest will allow him to confess. Even with reference to the effects of sea-bathing, the *non naturals* gain far less credit than the dipping in the sea. It is the combination of many things which

gives to the blood and brain that salutary stimulus the essence of which is health. Yet if perchance a favourite remedy is sent to the sea-side with the patient, it is *that* which bears the charm. The following precept is libellous.

"Better to roam the fields for health unbought,
Than fee the doctor for a nauseous draught."

In our reprobation of the polypharmacy of the ancients, which certainly in some instances amounted almost to a burlesque, we may have fallen into an opposite error. There are however several judicious combinations still in our pharmacopœia, some even which a priori may have been stigmatized as unscientific and incompatible, but which produce a far more beneficial effect than any simple exhibition of the principal element. Griffith's Mixture, and the Compound-De-coction of Aloes, may be adduced as examples. A tertium quid of much value is often produced which may yet have eluded the analysis of the chemist.

There are many medicines which possess *contrasted* properties according to their quantity and doses. Antimony, colchicum, scammony, &c. This is alluded to by Oribasius. So opium is both a stimulant and sedative. Indeed narcotics are first in the list of *general* stimulants in the Nosology of Murray, which is adopted by Paris. Rhubarb is an astringent and a purgative. Bark may ensure regularity of bowels *by imparting tone*. Diaphoretics may strengthen by abating the debility of fever. Blood-letting may prove a tonic by removing congestion; the pulse may *rise* as blood continues to flow. The combination of contrasts, therefore, must not be stigmatized as a *hot and cold blowing* system. There are constantly two or more indications in the treatment of disorders. There is nothing inconsistent in the unloading of engorgement by bleeding, and following this by stimulation, to obviate its reproduction and ensure healthy action; neither is it unscientific to give a tonic directly after an emetic or a purgative, nor indeed to blend them. It will be conceded that black or unhealthy blood in the one case, and a loaded state of the stomach or bowels in the other, act as a distressing poison to the system; their dislodgement then being effected, the duty of the evacuent is over, and renovation is indicated. This principle is especially salutary in cachectic or strumous conditions. Increased action is often set up to dislodge deleterious matters from the system. The cases of fever elicited by malaria, especially those of remittent or intermittent nature, may be more freely treated by stimulants *early*, than those of idiopathic origin; the *cause* of the fever being removed, there is less or no apprehension of its re-excitement. In local inflammations also, occurring in languid systems, the combined treatment is especially useful. In strumous ophthalmia the unloading of the conjunctival vessels by scarification, followed by the application of nitrate of silver will often speedily cure when a depleting system had long been tried in vain.

I abstain from multiplying examples. My aim has been merely to draw the attention of the profession to a principle which I believe has been too much disregarded.

Storey's Gate, St. James's Park.
July, 1850.

ON INTESTINAL WORMS.

By EDWARDS CRISP, M.D. Physician to the Metropolitan Dispensary.

I am induced to select this subject, in consequence of the notoriety which the so called new remedy Kousso has recently obtained for the cure of Tænia. There are other matters, however, of a practical kind, connected with intestinal worms, which will not fail to interest the reader. I shall not allude to the anatomical peculiarities of these parasites, nor shall I enter into the speculative subject of spontaneous generation. All we know about the matter is, that some of the entozoa inhabit the intestines of man; that certain localities and a peculiar diet favor their increase; but we are ignorant in what way the ova enter the intestine, and "*like flies in amber, one wonders how they get there.*" It is probable that mankind have always been affected with these entozoa. Hippocrates, Aristotle, Celsus, Dioscorides, Galen, and most of the ancient writers mention them. All the lower animals, from the insect to the mammal, are subject to worms. Those which inhabit the intestines of man have been divided into the round and the flat worms; the former division including the ascarides, the latter the tæniæ. The thread worms are, the trichuris or hair-tailed worm, which chiefly inhabits the cœcum, and the ascaris vermicularis or sharp-tailed worm, which is generally located in the rectum. The lumbricus or long round worm is mostly found in the small intestines, as are the two kinds of tape worm, the tænia solium and the tænia lata: other varieties have been described, but these are of comparatively rare occurrence.

CAUSES.—Impairment of the assimilative functions is one of the most common of the predisposing causes; children who are badly fed are more liable to the ascarides, and the tæniæ occur most frequently among the poorer classes. Bad water, and damp, marshy situations, tend also to favor the production of the entozoa.

AGE AND SEX.—The ascarides occur more frequently in the young, and the tæniæ after the age of puberty; but a case of tape worm in a child only fourteen months old, is recorded in the Ed. Med. and Surg. Journal by Dr. Pollock. This worm is uncommon too, in those advanced in life: I have met with one case only at the age of 74, and the greater number of instances are between the 16th and 45th year. **Sex.**—Females are more subject to worms than males: of 855 deaths in children from ascarides, 408 were males, and 447 females. In 247 persons who suffered from tænia, I find 96 were males, and 151 females.

CLIMATE.—In England and Wales the deaths recorded in the Registrar General's reports from worms, from 1838 to 1842, are 749, 773, 735, 671, and 726, and there is a remarkable difference as regards the mortality in certain localities. Thus in London, the estimated population in 1838 being 1,885,000, the deaths in three years were 66. In the Eastern Counties, pop. 1,084,000, 70 died from this cause; but in the North Western Counties, pop. 1,976,000, 641 deaths are reported. There are many sources of fallacy, however, that must be taken into account in forming an estimate of these returns. I believe that intestinal worms are of much less frequent occurrence in England than formerly, owing to the great improvement in the drain-

ing of the land, as well as in the diet and habits of the people. Mr. Martin of Reigate, who has been in practice for more than half a century, tells me, "that they are not so common in his neighbourhood as they used to be, and he attributes the change to the above-mentioned causes." Guersent in the *Dict. de Méd.* remarks, that in many parts of Normandy, where the children live almost entirely on milk and apples, and drink water and cyder, that worms are very frequent. In Switzerland, Holland, Italy, Germany, and in the midland and northern parts of Europe, the inhabitants are much affected with them.

West Indies.—Dr. Brown who has had an extensive practice in the island of Granada, where he has resided for thirty years, informs me "that the ascarides are a very common cause of death in children, and that four out of five are affected by them; he *has only met with three cases of tape worm.*" Dr. Thompson of Jamaica, *Ed. Med. and Surg. Journal*, 1822, says, "The death of the greater number of children in many parts of this island, and, I believe, in general over the West Indies, is referable to worms; and it is the more to be lamented, as by the timely and regulated administration of remedies, we might do away with a great deal of the mortality."

East Indies.—Annesley states "that worms are very common among the natives of Hindostan, and at the native hospital (Arnée) scarcely one patient in ten was without them." My brother Dr. Henry Crisp, now in Scinde, writes me, "Worms are very frequently found in p. m. examinations in India, where no indications of their presence existed during life, and the patient had died of some other disease. The men often come to the regimental hospital complaining of having passed worms from the bowels, and a dose of turpentine generally brings away a great number. The *ascaris lumbricoides* is very common, as also is the *tænia solium*, both of these of large size. The *ascaris vermicularis* is not so common. I speak now of soldiers and their families, but among the natives, worms are very prevalent."

Africa.—Dr. Yates (*Medical Times*, 1844) remarks, "Of 4298 persons treated at the Beyrout Dispensary, Syria, 112 were affected with worms." Dr. Daniell in his *Topography and Diseases of Guinea*, says, "Of the species of intestinal worms, *tæniæ* and *ascarides* are the most common, particularly the former, and the populations of several inland countries not unfrequently suffer severely from their continual existence. Women, and the inferior class of slaves, who live exclusively on vegetable food without condiments, are those chiefly affected. More recently, the introduction and plentiful supply of European salt has somewhat diminished their occurrence." Dr. Knox in the *Edinb. Med. and Surg. Journal*, 1821, mentions an interesting fact respecting the production of these entozoa: his regiment at the Cape of Good Hope had been encamped on the open field, and was exposed to damp and cold, after this, worms became very general among the troops, and tape worm especially. Of a detachment consisting of about 86 men, 36 were affected with *tæniæ*.

The *ascaris vermicularis* sometimes exist in immense quantities. A child lately was brought to the Metropolitan Dispensary, and the mother assured me that it had voided nearly a tea-cupful in a few hours. These worms are considered to attach themselves to the mucous

membrane of the rectum, and to feed upon the mucus which lubricates the intestine. I am disposed to think, however, that they are often embedded in the mucous tissue. In the Hunterian Museum, prep. 183, is the rectum of a child inverted, which is perforated like a sieve with these entozoa, many of which are half buried in the membrane. The same is seen in prep. 184. These worms frequently creep from the anus when the child is asleep, and large quantities are found in the bed. It is not clearly proved that the thread worms directly endanger life, although when abundant they may so derange the general health as to give rise to important lesions. In children affected with ascarides the face is generally pallid, with a dark appearance under the eyes; the abdomen is sometimes tumid, the appetite irregular, and the breath offensive; itching of the nose, anus and genitals is frequently present, and grinding of the teeth, spasmodic twitchings and squinting are sometimes observed.

In the treatment of this species of worm it must be borne in mind, that these entozoa are more abundant in delicate children of scrofulous constitutions, and that all means likely to benefit the general health will prevent their increase. After a brisk purgative of Hyd. Chlorid. et Pulv. Jalapæ, an enema with Zii of the Oleum Terebinthinæ in half a pint of gruel, will be found the most effectual remedy: this should be repeated two or three times, and the child then put under a course of tonic medicine. A plain nutritious diet should be enjoined, and change of air, especially if the child is living in a damp neighbourhood, will probably be of service.

The lumbricus from its peculiar form and its disposition to change its locality, is the most dangerous of the intestinal parasites: convulsions of various kinds are occasioned by it, and other sympathetic affections of a grave nature are supposed to arise from its presence. This worm is often ejected from the stomach, and sometimes crawls out of the mouth. Andral mentions an instance of one of these worms producing death by getting into the larynx. In the Museum of the late Mr. Hevyside, one was seen with the greater part of its body in the gall bladder. They have sometimes been discharged through the abdominal parietes in the matter of an abscess; they are also said to have perforated the intestine during life, and to have found their way into the peritoneal cavity. It is probable however that they escaped through ulcerated openings, or that the examples mentioned by Andral, Fischer and others, were perforations after death. These worms sometimes exist in enormous quantities. Dr. Gili of Turin has recorded an instance, where 510 were voided in eight days by a child only fourteen months old. It is difficult to determine the amount of disturbance they occasion, and it is probable that many diseases are erroneously attributed to them. The symptoms are in some respects similar to those produced by the thread worms, but there is one sign in children which is often indicative of the presence of lumbrici, viz. a sudden pain in the abdomen, probably spasm of the intestine induced by the movement of the worm.

I attended a child æt. 4, a few years since, with a severe attack of Infantile Remittent Fever, complicated with head affection; when the patient appeared to be in extreme danger, a large lumbricus was voided per anum, and the symptoms immediately improved. I have

seen children affected with convulsions, and the only cause that could be assigned for them was the presence of these worms. But these occurrences must be familiar to every practitioner, and are too frequent to lead us to suppose they are mere coincidences. The lumbricus from its residence in the small intestines is more difficult to dislodge than the ascaris vermicularis. A strong cathartic with Hyd : Chlorid. Pulv. Rhei. et Jalapæ taken early in the morning, and repeated four or five times at intervals of three or four days, followed by columba and soda, I have found the best treatment. A diet also, the opposite to that which the patient has been accustomed to, is desirable. Mercury appears to have no deleterious effect upon this worm. Dr. Brown of Granada tells me, that he once examined a child whose body was saturated with mercury, and he found a large number of live lumbrici in the intestines; a similar case is mentioned in the third vol of the Medical Gazette by Mr. Ward.

Of the two varieties of the *tæniæ*, the *tænia solium* is the most frequent in this country; this worm sometimes attains an enormous length; there is one at Copenhagen which is said to measure 300 feet; the usual length however is from 6 to 20 feet. The *tænia lata*, as its name implies, is broader, but not so long, and is comparatively rare in England. The oscula in the former are situated on the margins of the joints; in the latter, on the centre. It must be recollected that each joint contains numerous ova, and it is probable that the retention of some of these in the intestines after the expulsion of the parent worm is the cause of the frequent recurrence of *tæniæ*. The small head and long thready neck of the *tænia solium* should be known to all practitioners, as the expulsion of this portion of the worm is essential to effect a cure. The symptoms produced by these entozoa will vary much in different instances; sometimes they appear to occasion but little disturbance and I am not aware that they ever lead *directly* to a fatal result. The most usual symptoms produced by tape worm, are a gnawing, uneasy sensation at the epigastrium, giddiness and drowsiness; nausea; throbbing in the head; faintness; palpitation of the heart; inordinate appetite; itching of the nose and fundament; lassitude and lowness of spirits; the face is generally pallid, and the abdomen sometimes tumid.

TREATMENT.—I may here mention some of the athelmintics of most frequent use for the removal of this and the other species of intestinal worms. Pomegranate conium, chenopodium, dolichos pruriens, spigelia marilandica, aspidium, andira inermis, quassia, aloes, assafoetida, tobacco, croton oil, arsenic, tin and iron-filings and ground-glass, oil of turpentine, kouso, &c. I shall only speak of the two latter medicines. The first notice in this country of turpentine as a cure for tape-worm is in the Memoirs of Medical Society of London 1792, by Mr. Malden, who mentions a man who took the oil of turpentine for an internal injury, and was cured of a tape worm. Mr. Fenwick in the Medico Chirurg. Trans. 1809, speaks of a sailor who rid himself of this parasite by taking turpentine instead of his accustomed glass of gin. This medicine has been given in very large doses; Dr. Elliotson has administered ʒiii , but I am inclined to think that smaller quantities, frequently repeated, are more likely to effect a permanent cure. Dr. Graves in his clinical lectures, mentions a gentle-

man who had taken large quantities of turpentine without benefit; he then tried 3fs doses twice daily, and was effectually relieved. Although turpentine is one of the best medicines in general use, in the treatment of *tænia* its vaunted success when first employed should make us cautious in placing too much confidence in the next medicine I have to allude to, viz. Koussou, which has been recently given with so much advantage at King's College Hospital. This drug composed of the flowers of an Abyssinian tree of the order *Rosaceæ* has lately been introduced into England, and the supply at present is exhausted. Bruce in 1784, (vol 5, p. 73) was the first to mention this remedy, and he has given a drawing of the tree. In 1822 the Philomathic Society of Barcelona urged travellers to investigate the medicine. Dr. Brayer, a French physician, who had resided a long time in the Ottoman empire in 1823, introduced the remedy to the notice of the Society of Natural History of Paris; he had cured an Armenian with it very speedily. Madden (*Travels in Egypt* 1829, vol 2, p. 371) says, he (Mr. Madden) was the first to bring it to England, and that poor Bruce has been again cheated of his well-earned fame, for he, not Dr. Brayer, was the first to describe this plant. Mr. Madden adds, of all remedies for worms, this is the only specific. Dr. Hodgkin, at the British Association at York in 1844, directed the attention of the members of the Association to this drug. M. Chomel in 1847, treated five cases of *tænia* with this medicine, and the patients were quickly cured, although various other means had been before tried. (*Archiv. Gen. de Méd.* 1847.) I believe that Dr. Webster of Dulwich first introduced the koussou, and used it medicinally in this country. He administered it, Jan. 3rd, 1847, to a gentleman who had been affected for several years with tape-worm, for which he had repeatedly taken turpentine, with only temporary benefit; the koussou effectually dislodged the worm in a few hours, and up to this time ($3\frac{1}{2}$ years) there have been no symptoms of *tænia*. It is worthy of remark that Dr. Webster's patient had resided for some years at Gibraltar and Constantinople, and had also made a journey to Morocco. Dr. Webster informs me, that he obtained his knowledge of this remedy from Dr. Levacher of Paris. It had a short time before been brought from Abyssinia by the celebrated traveller M. Rocher d'Hericourt, and was then sold at 50 francs a dose. Mr. Johnson, in his travels in Southern Abyssinia, 1844, says, "the fruit of the cosso is gathered for medicinal purposes before the seeds are quite ripe, and whilst still a number of the flowrets remain unchanged. The bunches are suspended in the sun to dry, and if not required for immediate use deposited in a jar. It is reduced to a fine powder, and taken with honey or water." Mr. Johnson does not think it so harmless a medicine as is generally represented; he says, "it occasioned great prostration when taken by his servants; it gives rise to frequent miscarriages, and sometimes it has produced death." He is surprised it has made such a noise in Europe, and says, "it is barely tolerated in Abyssinia." Possibly the injurious effects described by Mr. Johnson, arose from the mode of preparation, and the introduction of the seeds with the flowers. It is not unlikely however that the virtues of the medicine have been much overrated, and that some of the recorded cases will turn out to be failures.

I will now briefly allude to seven cases of tænia which have been under my care at the Metropolitan Dispensary during the last eight months.

Case 1.—Charles B. æt. 26, costermonger, applied at the Metropolitan Dispensary, Oct. 28, 1849, for tape-worm, which he discovered three years since; has passed large quantities of the worm at intervals, and has taken medicines of various kinds without benefit, but has never tried turpentine. He is pale and thin, complains of want of strength; capricious appetite; lowness of spirits; gnawing sensation in the epigastric region, and he is scarcely able to follow his employment. I ordered ʒi s of the *Oleum Terebinthinæ* to be taken in two doses fasting. After taking the second dose, about five yards of the worm (which he brought) were expelled: his health after this gradually improved, and he left the Dispensary apparently cured. This man applied again in March last, and said he had passed a small portion of worm, but his health was tolerably good. Ordered the turpentine to be repeated several times; the first dose removed a few joints of the worm, and he again left the Dispensary in good health. July 12, 1850, he tells me, "that he has had no return of the complaint, and that all the unpleasant symptoms are removed."

Case 2.—Frederic S. æt. 5, came under my care at the Dispensary Nov. 6, 1849: he is a pale leucophlegmatic looking boy, with a large abdomen; his mother says, he is dull and inactive; his appetite is very irregular; sometimes he eats enormously, and at other times he has no desire for food; has passed several portions of tænia during the last twelve months. I ordered ʒi s of the *Oleum Terebinthinæ* to be taken fasting, and to be repeated four times. After taking the second dose, $15\frac{1}{2}$ feet of the worm were expelled with 3 or 4 inches of the neck. I now ordered him tonic medicine, and he left the Dispensary greatly improved in health. On the 25th of January his mother brought him again to the Dispensary. I ordered the turpentine in the same quantity; he took it ten times; the first two or three doses brought away some segments of the worm, and he left the Dispensary on the 12th of April apparently cured. July 16, he was again admitted a patient, his mother stating that he had passed a few more joints. I gave him ʒii of *Oleum Terebinthinæ* and ʒii of Castor-oil for three successive mornings. The third dose brought away two yards and eight inches of the worm, including the head. July 19th, ordered the same quantity to be repeated three times, but no more worm has passed from the bowels; I believe the patient is cured. The first dose of the turpentine produced giddiness and faintness, but no perceptible effect was occasioned by the subsequent five doses.

Case 3.—Catherine G. æt. 18, servant, applied to me at the Dispensary Dec. 18th, 1849. She is a strong healthy looking girl, with a clear ruddy complexion: she complains of a sinking sensation about the epigastric region, giddiness, palpitation of the heart and capricious appetite; has been troubled with tape-worm for several years, and recently a small portion was expelled. I ordered her ʒv of the *Oleum Terebinthinæ* to be taken each morning fasting; this dose was repeated four times without any unpleasant effect; the worm was

evacuated, and I learn from her mother July 12th, that she is in good health, and has had no return of the complaint.

Case 4.—Ellen D., bookbinder, æt. 20, came to the Dispensary Nov. 30, 1849: she has been subject to tape worm for eleven years, and *her father was also affected with tænia*; had rheumatic fever eight years ago, and was in bed fourteen days; complains now of pain over the region of the heart, with frequent palpitation; slight bellows sound is present; she has also pain in the left shoulder, with the premonitory symptoms of rheumatic fever. Has passed large quantities of the worm at various times, and three weeks since three yards were expelled. Has never been treated for tape worm. I ordered her some aperient medicine and a dose of calomel. She had an attack of rheumatic fever, and was attended by the parish surgeon. She came again to the Dispensary on the 22nd of Jan. 1850: the symptoms were palpitation of the heart with bellows sound; giddiness; headache; loss of strength and appetite; has passed portions of the worm (which she brought) since last under my care. Ordered $\mathfrak{z}\text{i}$ of the Oleum Terebinthinæ to be taken every morning fasting; this was repeated nine times, at intervals. After the first two or three doses several pieces of worm were evacuated, and she appears now, July 16th, to be free from the parasite.

Case 5.—Mrs. K., æt. 26, became a Dispensary patient May 23rd, 1850. She is a delicate looking woman and has been troubled with hæmoptysis for the last four months; seven months since she passed a large quantity of tape worm, and has now the usual symptoms indicating its presence. Auscultation detects no disease of the lungs; she says her mother had lumbrici. As she is four or five months pregnant, I thought it prudent not to give anthelmintics; I ordered some saline medicine, and directed her to come to the Dispensary after her confinement.

Case 6.—John H., æt. 38, a smith, consulted me at the Dispensary, May 17, 1850, for hæmoptysis and general derangement of health. Five years ago he discovered that he had tape-worm, and has passed large quantities since that period; sometimes the pieces have been small, but occasionally they have been several yards in length: he calculates that he has passed more than thirty yards; the last portion seen was six months ago, when he took the Oleum Terebinthinæ, and about two yards were expelled. His mother was subject to lumbrici. He had hæmoptysis in December last, and it has frequently returned, but he never lost more than a tablespoonful of blood at one time. His health is now much impaired; the countenance is sallow; he complains of great weakness and lowness of spirits; drowsiness, giddiness; gnawing sensation in the epigastric region; a feeling of something rising in the throat; uncertain appetite; itching at the nose and fundament. I do not detect by auscultation any abnormal condition of the lungs. I first directed my attention to the state of health, which was somewhat improved on the 5th of July, when I prescribed $\mathfrak{z}\text{ii}$ of the Oleum Terebinthinæ, and the same quantity of castor oil; half to be taken each morning fasting. 9th.—The turpentine produced no unpleasant result, but he thinks that none of the worm was removed. Seeing the good effects of the oxide of silver in tænia, recorded in the Lancet, June 29th, by Mr. Whittle, I ordered him

half a grain three times daily for four days ; but no alteration appeared to be produced by it.

Case 7.—Harriet W., a fine looking girl but of rather delicate appearance, came under my care at the Dispensary Feb. 4, 1850. She has been subject to tape-worm for four years, and has passed large quantities at various times. About five months since a medical man gave her the *Oleum Terebinthinæ*, and several yards of the worm were removed ; she took this medicine several times, and it generally produced great irritability of the bladder. A few days since she again passed some segments of the worm. The symptoms now are giddiness, palpitation of the heart, faintness, uneasy sensation at the epigastrium, and disinclination to bodily exertion ; the appetite is sometimes inordinate, she says she is often obliged to get up in the night and eat dry bread. I ordered ʒiii of the *Oleum Terebinthinæ* to be taken fasting, and to be repeated four times. Several yards of the worm were evacuated, and she appeared to be much benefited. I gave her gentian and soda. On the 21st of May she again passed a few joints, and the same dose of the *Oleum Terebinthinæ* was repeated eight times. A small quantity of the worm was evacuated after the first two or three doses : since this period up to the present time, July 20th, there has been no appearance of the parasite.

REMARKS.—These cases point out the extreme difficulty in ascertaining when those affected with tape worm are effectually cured. I have all the worms in my possession, but I was able in only two instances to obtain the head, this part however is very likely to escape detection from its small size. If these patients had been treated with the kousso instead of the turpentine, what would have been the result? This question I hope to be able to answer hereafter, when the reduced price of the drug will render its employment more extensive. The doses of turpentine were generally smaller than those usually employed, but I had so often seen the large doses ineffectual, that I was induced to commence with smaller quantities, frequently repeated, and the effect at present I think is satisfactory, but I shall watch the patients and give the result hereafter. The toxic effect of the turpentine was only witnessed in two cases, and irritation of the bladder to a painful extent was never produced. I believe that nothing satisfactory is known respecting the rapidity of growth or the duration of life of the *tæniæ*. In the second case the greater part of the worm was expelled on the 6th of Nov. the remaining portion (2 yards 8 inches including the head) on the 16th of July. This part had probably been produced during the interval. It will be observed that hæmoptysis was present in cases 5 and 6. Mr. Rumsey of Beaconsfield (in the *Med. Chirurg. Trans.* 1818) has recorded three instances of hæmoptysis, shewing its connexion with intestinal worms ; and Dr. Dantioville of Marseilles mentions a severe example of loss of blood from the lungs, which ceased after the expulsion of a lumbricus from the stomach. It is also worthy of remark that three of the patients, all of them girls, had palpitation of the heart, which was relieved after the removal of the worm.

21, Parliament Street, July 20, 1850.

QUARTERLY PRACTICAL ABSTRACT OF THE BRITISH AND FOREIGN JOURNALS FOR APRIL, MAY AND JUNE.

(Continued from page 71.)

The object is to place before the busy practitioner *some* of the *leading points* of interest in the medical periodicals : lectures are excluded, and original communications only noticed.

L'UNION MEDICALE.—“ A young man in good health and of good constitution went to a dentist to have a tooth extracted ; chloroform was administered, and he died suddenly. The heart was found soft and flabby, and the blood like cherry juice. Casper's *Wochenschrift*. This case bears much resemblance to the one that recently occurred at Guy's Hospital.—M. Trousseau in eight cases of paracentesis thoracis, met with five deaths and three recoveries ; one of the latter incomplete. Seven other cures, he says, have been obtained by Rostan, Pidoux, Tardieu, Bouley, and Hardy.—Dr. Lecluyse cured a paralysis of the bladder by injections of strychnine.—Dr. Negrier concludes that scrofulous affections are in general effectually cured by the preparations of walnut leaves ; that scrofulous diseases of the skin and lymphatic glands, are cured more readily by this method than by any other : a decoction and pomade are used as local applications, and a wine, extract, and syrup, for internal administration. The wine is made with about $2\frac{1}{2}$ oz. of the dried leaves to a pint of Malaga wine, and a table-spoonful is taken morning and evening.—M. Duroy concludes, from experiments on the lower animals, that oxygen is an antidote to chloroform.—M. Giraldes, in a body intended for dissection, found the pneumogastric nerve in front of the carotid artery, nearly the whole extent of its course ; the other nerve was in its natural position.—M. Mullez states that gum lac dissolved in alcohol, with the assistance of a moderate heat, is superior to collodion, and that it forms one of the best agglutinatives that we possess.—Dr. Bazin injected an iodine solution into the peritoneal cavity for the cure of ascites : the patient died of peritonitis five days after.—Dr. Gullican used a simple vaginal injection ; the patient died of peritonitis in three days from the supposed entrance of the fluid into the abdominal cavity through the fallopian tube.—Dr. Pédelaborde injected a decoction of walnut leaves into the uterus, by means of a silver canula ; his patient had severe peritonitis, but recovered.”

GAZETTE MEDICALE.—“ Dr. Bouchut publishes seven cases of the transmission of syphilis from the infant to the nurse.—Dr. Dechilly employs repeated blisters to the inflamed joints in acute rheumatism. Martin-Solon confirms the advantage of this mode of treatment. One patient had five blisters applied, and very little strangury was present.—Dr. Bertherand finds the sulphate of quinine the best medicine in the treatment of the intermittent fevers of Algeria : these fevers, with dysentery and diarrhoea are the most prevalent disorders.—M. Lambert thinks collodion the best application to burns as it excludes the air, and diminishes pain and inflammation.—M. Teirlinck used the actual cautery for the cure of hæmorrhoids ; the patient died on the 12th day of phlebitis.”

REVUE MEDICALE.—“ Dr. Chauvin, at the Bicêtre in Paris, employs imitation as one of the most useful means in the education of

idiots. If imitation, he observes, is infantile instinct, and also the instinct of idiots : a great resemblance is established between these two conditions.—Dr. Legrand records twelve examples of the coincidence of the tuberculous and cancerous diathesis.—Dr. Perrin on the law of periodicity remarks, “A law observed in all the phenomena of the universe, from the flowing and ebbing of the sea, to the flux and reflux of the blood ; a law observed in the succession of the ages of man ; taken individually or collectively : a law so universal, merits in a high degree the attention of the philosopher and the physician.”—M. Del-frayssé in two cases of pregnancy with narrow pelvis, thinks he has diminished the size of the child by the administration of iodine, and thus produced a happy result.”

ARCHIVES GENERALES DE MEDICINE.—“Dr. Broca relates six cases of secondary pleurisy, after the removal of tumors from the breast ; five of the patients had erysipelas.—Dr. Thore mentions eight cases of what he calls aneurisms of the arterial canal, in children that died soon after birth. We agree with him, that the term dilatation should be substituted for that of aneurism. Baron, Billard and Chevers had before noticed these enlargements.—Nine examples of phlegmonous inflammation of the abdominal parietes are recorded by Dr. Bernutz : one which was complicated with cancer of the omentum and intestine, terminated fatally ; one terminated by induration ; four by external abscess : in one the pus was discharged per anum, and in another into the cavity of the peritoneum. Dr. B. supposes that acute inflammation of the fascia propria existed in all the patients.—Dr. Legrand treated two cases of tænia successfully with the pomegranate bark. The first patient had epileptical, hysterical, and nervous symptoms. The second was troubled with vertigo and dyspepsia. Dr. Legrand alludes to 33 published cases in France and says, that disorders of the cerebro-spinal system were observed in 20 ; vertigo in 14 ; faintings in 5 ; impaired vision in 6 ; ringing in the ears in 3 ; and pricking or gnawing sensation at the epigastric region in 14.”

GAZETTE DES HOPITAUX.—“Of 26 persons with intermittent fever who were treated with arsenic by M. Champouillon ; 5 were affected with nausea and thirst ; 4 had sickness, colic and diarrhœa ; 8 sickness and convulsions, and one had severe gastro-entérite.—Dr. Dubois treated a severe case of Dyspepsia with vegetable charcoal, according to the method of Dr. Belloc, with success. The dose, a teaspoonful after each meal.—M. Jobert cured a bad case of vesico-vaginal fistula by means of three sutures and the autoplasmic operation.—M. Martin-Solon gave the koussou to a boy æt. 11, and three tænia were expelled. The effect of the medicine in this instance was not so mild as in some cases.—M. Bonnet cured a large goitre (which endangered life by pressing upon the trachea) with the Vienna paste and the chloridide of zinc : he first fixed the tumour by means of four strong pins.—M. Bouillaud states that he cures acute rheumatism in six days by repeated bleedings from the arm.—Dr. Van Ryn for the cure of hæmorrhoids gives 2 oz. of fresh linseed oil morning and evening, and he says, it is seldom necessary to continue the treatment longer than a week.”

ITALIAN JOURNALS.—“M. de Martino has discovered a secretory apparatus in the tarantula similar to that in the viper.—A rabbit was bitten by a tarantula on the upper lip ; it had nervous tremblings for one day, and refused its food ; on the third day it recovered. A hen and a spaniel offered the same phenomena. A boy who was bitten on the finger only suffered pain in the wound on the first day ; no nervous symptoms were present.—M. Dubini treats ascites by compression where no inflammatory action is present, and where the extremities are not œdematous. He gives diuretics at the same time.—M. Balardini mentions several examples of syphilis in the horse. The disease, he says, extended in 1838, from Germany, into Bohemia and Syria. M. Burresi thinks that cyrrhosis of the liver is a variety of scrofula.”—*From the Gazette des Hôpitaux.*

AMERICAN JOURNAL OF THE MEDICAL SCIENCES, April.—Dr. Warren on the prevention of constipation says, “Some years ago, it occurred to me, that, as the brown-wheat bread was beneficial on account of its coarseness, but was not sufficiently active in all cases, it might be well to use the wheat in a coarser state, and without making it into bread. I therefore directed some wheat to be ground in a coffee mill, and, after boiling three or four hours, a little salt having been previously added, it was found very palatable. This substance has a better effect in preventing constipation of the bowels than any article I have ever met with, after a great number of years of observation and inquiry. When the stomach is very weak, it will not bear it in sufficient quantity to answer the purpose. But for costive people in general, it will produce quite a remarkable revolution, and a consequent favourable change in the appetite and general health when taken in the right quantity, and this I consider to be about twelve ounces for an adult. It may be used at breakfast as a part, or when the case requires a large quantity, as the whole of a meal, and at dinner as a substitute for puddings and vegetables, for the evening meal I have rarely recommended it. By those who require some addition to render it savory, the substances which are employed with hominy for the same purpose, may be used, such as milk, butter, cream, or molasses, the sweet articles are not well borne by a weak stomach, especially molasses ; but when they can be used without inconvenience, they add to the efficacy of the wheat. The preparation of it consists in washing clean in cold water, then in boiling from three to four hours, adding water from time to time, sufficient to bring it out with about the consistence of hominy or boiled rice, the longer it is boiled the more agreeable it is, but less effectual, a moderate degree of fluidity, that is, less than that of boiled rice, or hominy renders it more laxative.”—Mr. Atlee records five cases of large abdominal section, in the fifth, which was successful, the cyst weighed 40lbs. In the fourth case the lady appeared to have recovered from the operation, but Mr. A. five months after, (preparatory to the attempted removal of a fibrous tumour from the uterus) nicked the os uteri several times, and gave ergot of rye. The patient, the reader will not be surprised to hear, died of erysipilas a few days after. The writer speaks of two cases of fibrous tumours embedded in the uterine walls, which he safely delivered with the knife. The author concludes, from 179 cases of ovariectomy, that the major operation is more* successful than the

minor, and that the mortality in amputation of the thigh, leg and arm, exceeds that of gastrotomy, by 45, 132, and 82 per cent.—Dr. Griffin relates a case of ascites; the woman had been tapped 186 times in 10 years, and 751 gallons of serum removed, her general health has been good, and she can now walk several miles without fatigue.”

THE SCALPEL.—Dr. Dixon believes that the early decay of the American women is more attributable to bad habits than to climate, he says, “All this we often hear imputed to our climate. Look at our revolutionary grandmothers, nay, our mothers! for many of them are yet here. We honestly believe, on the honour of our manhood, and what little knowledge we have, that there is comparatively nothing in our climate to bring about the condition of our young women, nor even any defect in the original constitution of one-half the victims of early disease, that might not be overcome, were it not for the errors of their early education, their early introduction into society, and the fulsome adulations of our own sex. Society in our country is composed of boys and girls; not men and women. The senseless and degrading flattery with which their ears are constantly filled, preoccupies the mind of the poor girl in the whirl of fashion and dissipation, and robs her of the benefit of that keen instinct and delicate preception, she derives from her finer and more delicate organization; but of this we deprive her by the errors of her early training. The fault is ours, not hers, but full sadly does she suffer for it.”

DUBLIN QUARTERLY JOURNAL, May.—“Dr. Smith has a paper on the warty ulcer, first described in the *Dict. de Méd.*, 1828, by Marjolin. Mr. Cæsar Hawkins and others have also described it; it occurs more generally in the cicatrices of burns, lacerated wounds and injuries from flogging, and makes its appearance frequently a long time after the injury.—Dr. Smith considers it a cancerous disease, but in its lowest degree: it may continue a long time without contaminating the system. Dr. Smith recommends amputation, but if caustic is used he thinks the oxide of zinc is the best. Four cases are given and also a drawing of the disease.”—Dr. Fausset, in puerperal fever, recommends in the primary stages, the administration of one or two grains of calomel every quarter of an hour, on the principle that a small quantity exhibited during the first few hours, will act more powerfully than a larger quantity given during a longer period.—Dr. J. Hughes, in urethral hæmorrhage prefers three grain doses of gallic acid every two hours, to larger doses at longer intervals.—Dr. Lyons in a paper on the motions and sounds of aneurism, comes to the conclusion that for the production of the double impulse in thoracic aneurism the sac must be globular with a constricted neck. Six cases of aneurism are narrated by Dr. Lyons.—Dr. Neligan, in hæmorrhage from the intestinal canal (*melæna* or *hematemesis*) places most reliance on the oil of turpentine and gallic acid. Several examples of hæmorrhage are given. Dr. Neligan believes that what is called the hæmorrhagic diathesis is an aggravated form of *pùrpura*.”

DUBLIN MEDICAL PRESS.—“Dr. Belligham met with a case of complete mortification in both feet, in a man aged 30, from exposure to cold.—Dr. Long, in a case where he believed the uterus had ruptured, opened the abdomen and extracted the child. The

operation was performed on the 15th of January. The patient, from unavoidable circumstances, not seen until the 17th; on the 18th she died.—Dr. Battersby claims for Mr. Power the merit of having in 1839 first pointed out congenital hypertrophy of the fingers and toes, and complains that this fact has been suppressed by Mr. Curling in his notice of five other cases in the 18th vol. of the *Medico-Chirurg. Trans.*—Dr. Thompson excised the elbow joint in a boy affected with scrofulous disease, and four months after the operation, Dr. T. says, the patient acquired a perfect use of the limb.”

EDINBURGH MONTHLY JOURNAL.—“Mr. Miller records an instance of inguinal aneurism; the patient wounded the tumor with a pocket cork-screw and bled to death.—Dr. H. Bennett believes that phthisis originates from a derangement of the digestive organs. He has related sixteen cases and appears to us to draw some very doubtful conclusions from them. For example, four are said to be perfect cures of phthisis pulmonalis in its last stage. The digestion of cod-liver oil was the period when the improvement commenced. Dr. Bennett we think is much too sanguine respecting the curability of this disease, and we remind him that puckerings and depressions in the lung do not always indicate the previous existence of cavities.—Dr. Easton speaks of the good effects of acetate of potash in certain cutaneous diseases, especially in psoriasis, lepra, and eczema.—Dr. Begbie believes that erythema nodosum is connected with the scrofulous diathesis.—Dr. Kilgour records eight cases of cancer of the chest, and with many of the signs which usually indicate the presence of cancer, he speaks of a puffy tumour in the neck of the affected side, as a sure indication of thoracic cancer, when combined with dulness on percussion over the same side of the chest.—According to a calculation by Mr. Little, there are 3,000,000 opium smokers in China, and judging from the consumption of 603 smokers, each man uses about 50 grains daily. Drs. Burns and Macpherson believed that this habit did not tend to shorten life. There is however much difference of opinion upon this subject. Its demoralizing effect is undoubted.”

LONDON JOURNAL OF MEDICINE.—“Dr. T. Smith narrates 29 cases to show the good effects of terebinthinate medicines. He speaks of turpentine as a counter-irritant, vermifuge, purgative and astringent, and believes that when judiciously administered it is one of the most valuable medicines we possess.—Dr. Semple in the treatment of diseases of the nervous system, inculcates the necessity of adjusting the treatment to the pathology as indicated by its diagnosis, and not to the name of the disease. He extols the copious abstraction of blood in *appropriate* cases.—Dr. J. B. Williams, in most aggravations of heart disease, thinks the best medicines are those which increase the secretions of the liver and intestines, the kidneys and the skin.—In conical cornea, Mr. W. Cooper places most trust in the combination of puncturing, with fluid pressure, attending at the same time to the general health.”

LANCET.—“A case of fracture of the skull by Mr. Crighton over the longitudinal sinus; escape of cerebral substance; recovery without loss of intellect. The hemorrhage very profuse after the accident.—Mr. Wigstrom records a successful case of amputation at the hip joint for scrofulous disease in a lad *æt.* 18. — Dr. Reid (on the duration of human

pregnancy) is not so much inclined as some of his contemporaries to give the benefit of the doubt to the lady, in cases of supposed protracted gestation.—Dr. Tyler Smith believes that much exaggeration prevails respecting the frequency of ulceration of the os and cervix uteri, and that at present a uterine panic affects the upper and middle classes of society.—Mr. Iliff, jun. in spina bifida, prefers tapping to the ligature. He relates one case where the fluid was evacuated eight or nine times, and apparently with success.—Mr. Erichsen thinks that in acute obstructions of the glottis, laryngotomy is preferable to tracheotomy. He mentions two cases in illustration of his view.—Mr. Langley depleted a woman in puerperal convulsions to the extent of 129 oz. She left her bed at the expiration of a week, not manifesting more than usual debility at this period after parturition.—Dr. Ogilvy was called to a child *æt.* six months, which died in three minutes, having been before in good health. The parents had lost six children in a similar manner. About two oz. of water were found in the ventricles. Dr. O. calls the disease apoplexia hydrocephalica.—Mr. Paulson, in a case of artificial anus after the operation for strangulated hernia, used Duyppuytren's *enterotome* with complete success.—In a case of membranous croup Mr. Erichsen opened the cryco-thyroid membrane. The child died the next day from convulsions.—Mr. Canton has discovered from microscopical examination, that the arcus senilis is produced by a fatty degeneration of the cornea.—Mr. Cooke inculcates the necessity of throwing up water before the use of astringent vaginal injections to prevent the coagulation of the albumen.—Dr. Burgess points out the inutility of resorting to an Italian climate for the cure of phthisis. In the naval hospital at Malta out of 51 deaths, 17 were from phthisis.—Dr. H. Bennet states "that out of 300 women presenting decided uterine symptoms, 222 suffered some form or other of ulceration, including abrasions and excoriations. Dr. Bennet believes that the profession, as yet, err more frequently by the neglect of instrumental means of exploration." Without entering fully into this controversy respecting the use of the speculum we think that much exaggeration has existed on both sides, and that the middle course is the safest.—Mr. Barlow advises the dashing of cold water on the face in cases of difficult deglutition; a plan first employed by Mr. Simpson of Stamford.—Mr. Whittell expelled tape-worm in two instances, by the administration of a grain of the oxide of silver three times daily.—Ten cases of the expulsion of *tæniæ* by the use of the kousso have been recorded in this country by Drs. G. Webster, Budd, Todd and Gull."

MEDICAL TIMES.—"Mr. Stobo relates a case of rupture of the uterus during parturition in a negress: a month after the lesion she appeared to be mending slowly. Dr. Sheldon attended a man, *æt.* 65, with intus-susception; on the 7th day, the patient pulled away 4½ feet of intestine, which was hanging from the anus, and was shortly after working in the garden.—Mr. Partridge gives some cases of what he calls cancer of the skin, and includes under this head, cancer of the lip and carcinoma of the penis. We doubt whether either of these commence in the skin.—Dr. Letheby records three cases of poisoning by coloured confectionary, and says within the last three years no less than 70 cases of poisoning have been traced to

this source.—Dr. Waller's confidence in Professor Simpson's plan of removing the placenta in placenta previa, remains unshaken; he refers to nine cases where the placenta was detached, and the hæmorrhage ceased. Our experience entirely coincides with that of Dr. Waller's, and we believe that many lives would be saved if this practice were more generally resorted to.—Dr. Ward relates a case of perforation of the stomach, in a chlorotic girl, æt. 16.—Dr. Edwards recommends the phosphate of ammonia in gout and rheumatism: the dose ten grains. He also speaks of its efficacy as a solvent of chalk stones, and lithic acid gravel. In 15 cases of rheumatic fever, treated by Dr. Edwards, with this salt, no heart affection, he says, had taken place in any of the patients.—Mr. Chalk believes, that the liver oil of the cod has properties peculiar to itself; he prefers one or two drachms three times daily, to larger doses, and gives his testimony in favour of its extensive usefulness in many chronic diseases."

PROVINCIAL JOURNAL.—" Dr. Oke recommends that lymph should not be taken from a vaccine vesicle, when it has lost its transparent character, and that six punctures should be made on the arms or on different parts of the body; he also advocates revaccination after eight years.—Dr. Swaine relates eight cases of craniotomy, out of 1,613 labours; being an average of 1, in 201. According to Churchill, the average in British practice is 1 in 219. Dr. Swaine's patients all did well. We think if the long forceps had been used in some of the cases, that the children might have been saved.—Four cases of melanosis of the eye are recorded by Mr. Windsor, who thinks that in this disease the vitreous humour is first affected, whereas in medullary fungus the retina and optic nerve are first implicated.—Mr. Norman attended a gentleman who had laboured under disease of the lungs for 37 years, and he was also supposed to have had a stricture of the Œsophagus by Sir A. Cooper, and Mr. Lawrence. A pouch nearly the size of a small orange was found in the Œsophagus, near the cardia; this when full, rendered deglutition very difficult. Mr. Norman is mistaken in supposing that only two instances of the kind are to be met with. In addition to Bailie's case, Mr. Johnson showed a specimen at the London Pathological Society in 1848. In the Museum of the College of Surgeons, Edinburgh, prep. 1849, is a protrusion of the inner membrane of the pharynx. Rokitsansky also mentions these pouches in the Œsophagus; probably they have often escaped detection.—Dr. Durrant publishes two cases of abdominal pulsation, and speaks of the heart sympathising with the pulsation of the aorta. The aorta we believe has no action independent of the heart, and in all cases of *circumscribed* pulsation, there is either dilatation, obstruction in the vessel, or laxity of its coats from nervous derangement.—Mr. Bartrum had recourse to craniotomy in these instances, but as in Dr. Swaine's case, we are at a loss to know why the forceps were not used. In Mr. Bartrum's first patient the head had entered the pelvis, still the perforator was employed. The long forceps surely in most cases should be first tried; no country practitioner should be without these instruments.—Dr. Williams was called March 23rd to a woman who was delivered of a fine child on the 20th, when first seen she was suffering intense pain which soon subsided. On the 29th, after flooding and bearing down pains a polypus

weighing between 3 and 4 oz. was expelled, and the patient shortly recovered."

MEDICAL GAZETTE.—"Dr. Kirkes thinks that pericarditis attended by the formation of lymph, does not terminate so frequently in permanent adhesions as is generally supposed.—Mr. Rose narrates a case of displacement of the inferior angle of the scapula; he supposes, from injury to the serratus magnus.—Dr. Pollock met with a fatal case of poisoning from a teaspoonful of tartar emetic; (about one drachm)—the patient died in 10 hours.—Mr. Craig has a violent tirade against the use of chloroform in midwifery, and he strenuously advocates the use of opium in many cases.—Mr. Salter publishes two instances of epilepsy supposed to have been cured by the cotyledon umbilicus.—Mr. Lane observes, in all operations about the base of the neck and shoulders, where there is a possibility of the admission of air into the veins, that it would be well to prevent the forcible expansion of the chest, by bandages applied around it previous to the operation; or at all events pressure should be applied on the side of the wound nearest the heart.—Mr. Greaves relates an example of poisoning by arsenic, in which there appeared to be a remission of the symptoms, so that the patient followed her usual avocations and went out for a walk; she was in the ninth month of pregnancy. Death took place after 36 hours."

PHARMACEUTICAL JOURNAL.—"In seven specimens of tincture of opium obtained from dispensing chemists in various parts of London, the strength varied from one grain to 19, to one in 28 drops, according to Mr. Allchin's analysis.—Dr. Pereira believes the alcohol test for ascertaining the purity of castor and croton oils, to be a very fallacious one; that these oils contain some principle which confers on their fatty oil the power of dissolving in alcohol; but this principle does not exist in the same proportion in all samples, and hence they are unequally soluble."

SCRAPS FROM OLD AUTHORS.

"THAT the affairs of the world are thrown into fashions, and go on according to custom, in each particular way; in physick, as in other things; caballing and combination of interest is now all the fashion; the grand affair to gain success and reputation, whether by writing or in attaining riches, always the *great mode* in all *luxurious* and *corrupt times*."

"That there is much more got by the *trifling*, insignificant and *fiddle-faddle* part of the practice of physick, than by the most *useful* and most *valuable*, or the profoundest and most *skillful knowledge* of the profession."

"Interest of friends, *caballing*, *intriguing*, and *recommendation*, whether by he or she, a first M. —, or some noted *warm patrons*, is the way to make an eminent *physician*, possibly also a lawyer or *divine*."

"That 'tis passion, humour, and interest, (rather than real knowledge or reason,) which governs the affairs of this world, full as much in physick as in any other particular.—*Natural Sagacity the Principal Secret in Physic*, 1710."

LONDON MEDICAL EXAMINER.

SEPTEMBER, 1850.

THE PRESENT STATE OF MEDICAL POLITICS IN ENGLAND.

WHEN we undertook the editorship of this Journal, our determination was (to use an anatomical phrase) to dissect the disjointed members of our profession, and to show clearly and truthfully the unhappy result of this dismemberment. We did not like our contemporaries' *talk of abuses without pointing out a remedy*; but after giving the qualifications of 10,947 practitioners of England and Wales, we suggested a plan by which these *dissecta membra*, these scattered limbs might be so united, as to form three perfect bodies, that would represent the human machine, all the parts of which should so beautifully harmonize, as to conduce to the perfection of the whole. Our body is at present without a head, and the limbs, as in the fable, refuse to work for the general good.

On commencing our labours we were fully sensible of the many obstacles that obstructed our course. We knew that the medical Journals, with scarcely an exception, were in the hands of publishers and writers who were favourable to "grades," and who quietly and covertly supported the present order of things. We were also conscious of the lukewarmness and indifference that existed amongst the majority of the members of our profession; but we felt that one of the greatest drawbacks to medical reform, was the want of knowledge respecting the state of medical politics by the public, and the members of the House of Commons; and our object has been to place before the Editors of the public Journals,* and several members of the legislature, such a general outline of the state of the profession, as would enable them to see that a thorough change in our medical government must be advantageous, by insuring to the people a class of practitioners who would be efficiently educated, and who would *all* undergo a *uniform* examination in *medicine* and *surgery*, and that the same law must apply to England, Ireland and Scotland. In making this matter so public, we were aware that our motives would be liable to misconstruction; but about this we were perfectly indifferent. We did not write to please any *class* of men, and we had the satisfaction to believe that most of our opinions would be more fully appreciated hereafter. We quote a passage from De Foe, employed by our namesake and cotemporary the Examiner, which fully conveys our own sentiments.

"If I might give a short hint to an impartial writer, it would be to tell his fate. If he resolved to venture upon the dangerous principle of telling unbiassed truth, let him proclaim war with mankind, neither to give nor to take quarter. If he tells the crimes of great men, they fall upon him with the iron hands of the law: if he tells them of virtues when they have any, then the mob attacks him with slander. But if he regards truth, let him expect martyrdom on both

* A reprint of the article in this Journal, No. 2, April, "On the state of the Medical Profession in the United Kingdom," was sent to many of the public Journals, and to several members of parliament.

sides, and then he may go on fearless : and this is the course I take myself."

After this egotistical flourish we proceed to the object of our paper, viz. the present state of the medical reform question. Another session of parliament has been frittered away, and scarcely one of our 656 representatives has thought medical reform of sufficient importance to induce him to open his mouth upon the subject. The state of Belgravia ; attorney's certificates ; Irish fisheries ; postage restrictions ; royal and aristocratic grants ; cutting down trees in the parks, and the best means of bottling smoke, have given rise to animated and lively discussions, whilst a measure which affects the *lives* of millions, has been quietly snubbed by the government, and gladly abandoned by the house : and Sir G. Grey's *paltry* excuse was, "that the members of the profession were not agreed amongst themselves." As we have before shown, the great majority of the profession coincide in the *main points*, and if Sir G. Grey wait until the "*hair splitting*" is over, he and his colleagues are not likely to introduce a medical reform bill. The fact is, the requirements of the profession are too liberal for the present government, and unfortunately the medical attendants of the ministers, whose predilection for "grades" is well known, have more influence than the thousands who have petitioned for the representative form of government, and the management of their own affairs. The obnoxious charter of the College of Surgeons is a good illustration of this assertion.

But why is it that the medical profession is thus treated ? Why is it that men, who in point of public usefulness stand before *all classes* of the community, are as a body powerless, and their public services unrequited ? The reasons are obvious :—1st, Because we have twenty-six diploma shops whose interests are antagonistic ; and 2nd, Because we have not a single representative in the House of Commons. If half a dozen *good men* representing the profession were on the floor of St. Stephen, we predict that many of our grievances would be redressed. Let us now give an account of a recent occurrence which might have materially affected the welfare of 2,000 of our medical brethren in Ireland ; and yet on this occasion, not one of the two members who were once in the medical profession spoke on the subject. The honorable member for Finsbury we are sorry to hear has been prevented by ill health from attending to his parliamentary duties ; and Mr. Hume has too many irons in the fire, to interest himself about medical politics. We extract the following from the Daily News and Morning Post, August 7th.

"Medical Charities Bill, Ireland, August 6—Mr. Hamilton moved that the law should be confined to Dispensaries, and not be made applicable to Infirmaryes."—There were not twenty members present, but government members poured in, and made the number more than forty.

"Sir R. Ferguson saw no reason for exempting the Dublin Hospitals, at one of which the appointments were regularly sold. The system of bargain and sale which prevailed at these institutions loudly called for a change of management.

"Sir W. Somerville would insert a proviso giving these Hospitals the option of coming under the Act if they desired it !

Is it likely that they *will* desire it ?

"On Clause 35, Mr. Reynolds moved the following amendment :—" And that the words medical practitioner, shall be construed to extend to, and to

include any legally qualified physician, surgeon or apothecary." As he was informed, the apothecaries of Ireland were 2,000 in number, one half of whom were physicians and surgeons. He feared that there was a foregone conclusion on the Treasury bench upon this subject, and that the apothecaries were to be thrown into the ditch as a peace-offering to the magnates of the profession in Dublin, who had titles conferred upon them for the eminence they had attained. He knew apothecaries in Dublin, whose professional advice he would prefer to the most eminent of these magnates."

Sir W. Somerville said, "if he consented to insert the words, he would be taking upon himself to decide a question which had long been a matter of dispute in the medical profession."—The House divided; for the amendment, 23; against it, 46.

For the reader's information we copy the following from Croly's Irish Medical Directory, 1846. "These most useful institutions, (now numbering between six and seven hundred) were established early in the present century, for affording gratuitous medical and surgical aid, and for supplying the requisite medicines gratuitously to the sick poor of Ireland, at their own dwellings, when unable to attend, as well as at the institutions. They are justly ranked amongst the most important of the medical charities of this country, and without them, it is not, perhaps, too much to say, that disease would not only be much more prevalent, but mortality greatly increased among the poor of this country. The medical officers attached to them are, in most instances, well-educated and efficient practitioners; but their salaries are in general quite disproportioned to the important and laborious duties they have to perform. In too many instances, also, much injustice is done to them, and their professional income seriously affected by persons seeking and obtaining tickets of recommendation for Dispensary relief, who are in circumstances to afford to pay for professional assistance. This is an abuse loudly calling for an effectual remedy."

Attached to each Dispensary there is generally one medical man, but in many of the large towns there are several attendants. Added to these Dispensaries there are County Infirmaries, Fever Hospitals, and Union Workhouses. Most of the apothecaries belonging to these Dispensaries have other diplomas; many have obtained their degrees from Scotland, and some from England. We doubt not that many abuses exist at these institutions, but why strain at a gnat and swallow a camel? why wink at bargain and sale at a Dublin Hospital, and cry reform at a Cork Dispensary?

Let not the reader suppose that this matter is irrelevant to the present enquiry. In all enactments of a similar nature passed by the legislature during the last century, the apothecary is specified with the physician and surgeon, but this bill gives full power to the commissioners to alter the existing qualifications as much as they please. We ask the general practitioners of England, if their Irish brethren are to be thus treated, what have they to expect from the present government? The *pures* in Ireland, as in England, are evidently working in the dark, and have great influence, but let general practitioners of England take warning from the Irish Medical Charities Bill. The Irish apothecaries have since bestirred themselves, and the measure for the present is defeated.

It must be recollected that the College of Surgeons in their letter

to the Council of the National Institute in July last, stated, "that the medical qualifications of the *general practitioners* should be entrusted to the College of Physicians, and in their manifesto to Sir G. Grey in April, they said, *that this College had without a dissenting voice acceded to the request!*" We suspect that the Apothecaries Company has joined this unholy alliance, and that there is a perfect understanding between these three bodies, who will endeavour to upset the Institute, and increase their own powers.

We now place before the reader the outlines of the proposed charters of the Colleges of Surgeons and Physicians and the Apothecaries Company, he can then judge whether these charters meet the requirements of the profession.

COLLEGE OF PHYSICIANS.—The council of sixteen to be elected by the two hundred fellows, and *vote by proxy not allowed*. The president to be elected by the *fifty senior fellows*, and *he is to elect the four vice-presidents, treasurer, and registrar, and all these are eligible for re-election*. The members are to be called associates, and are to have no voice in the election of the council. All graduates of British Universities who passed their examination *before* January 1842, and who are not engaged in pharmacy, may become associates by paying £25 exclusive of stamp duty. The reader must not forget that this College is nearly in a state of bankruptcy, and that the College of Surgeons (as we shall show in our next) is not in a much better condition.

COLLEGE OF SURGEONS.—Amended Charter.—When a member has arrived at years of discretion, in other words, when he has been twenty years a member of the College, and can get six fellows to vouch for his *morality*, he is to be dubbed a fellow, provided he does not openly trade in medicine, and will pay ten guineas to the empty coffers of the College. He is not to vote by proxy, and if he practises pharmacy he is not eligible for the council; his residing also four miles beyond the General Post Office debars him from attaining this honour. By a recent concession on the part of the magistrates, those who practise midwifery, provided they do not dispense their own medicines, will be eligible to be chosen as councillors.

APOTHECARIES HALL.—It was generally understood that this Company was willing to relinquish its powers into the hands of the National Institute, but the Company in a memorial to Sir G. Grey, June 22, without alluding to the Institute, says, "The society has no particular predilection for the name Apothecary if a better can be found, and suggests the following alterations in the Act of 1815. All members of ten years' standing shall be eligible for seats in the Court of Examiners. That the fee for county members shall be ten guineas instead of six. That the Society be authorized to sit in another building. That the service of an apprenticeship shall be no longer compulsory on the student. That Scotch and Irish members of Colleges or Universities recognized by law shall be admitted to registration without further examination, on payment of a small registration fee. That army, navy and East India Company's surgeons shall be admitted to registration, after not less than five years' actual service. The society is not prepared to suggest at the present mo-

ment any specific change in the mode of election of its governing body."

We ask the reader, whether the proposed changes in these bodies can satisfy the requirements of the profession, and whether they would tend to remove the discordancies that at present exist? And lastly, for

THE GENERAL PRACTITIONER'S BILL, now on the table of the House of Commons. By this bill it is proposed to unite all the General Practitioners of England, including those possessing Irish or Scotch diplomas into one body, politic and corporate, with power to appoint a Court of Examiners, to examine all persons who shall desire hereafter to practise as General Practitioners or Surgeon-Apothecaries. The Apothecaries Act to be repealed. That no person shall be admitted to examination until he shall have attained the age of twenty-two years, and been engaged for five years at least in a course of professional study. That a register of members shall be kept and published annually. That the council of the said college shall consist of forty-eight of the members, of whom not less than twenty-four shall reside within ten miles of the General Post Office. That the council shall be elected by all the members of five years standing, who may give their votes either personally, *or by proxy, in writing*. That one third of the council shall retire annually. The president, three vice-presidents and the examiners to be elected by the council, and no member of council shall be eligible to be appointed an examiner. That members guilty of felony or fraud shall be expelled. That members shall be allowed to take reasonable fees for medical and surgical advice, and that unqualified persons shall be subject to a penalty of twenty pounds, to be recovered in the county courts, or in certain of her Majesty's courts of law.

Although some parts of this bill are indefinite, we have given enough of its outlines to show that its enactments are *liberal*, and that the *representative system is fully and fairly carried out*. If the general practitioner *must* choose between the joint board of the College of Surgeons, and Physicians, and the Institute, let him at once join the latter. If the "pures" are to be his sole examiners, his *inferiority* and *degradation* are irrevocably sealed. The whole and sole object of these men has been to make the line of division between the general practitioner and themselves as wide as possible, and to put him into the "lower grade." Our opinions respecting the union of *all branches* of the profession into a Faculty of Medicine, have undergone no change: we believe it is the only plan consistent with *reason and common sense*; but if the aristocrats of the profession spurn and reject this union of classes on *just and equitable terms*, let the general practitioners establish a Faculty of Medicine, or Institute of their own, and if they make it the *inferior* body their opponents are so fond of talking about, *they* are alone to blame. But can any sensible man imagine, unless he is blinded by prejudice, that a body of 10,000 medical practitioners, who elect their own council, and give this council the power of obtaining their examiners *where they please*, will establish a *third* and *inferior* college? The *pures* and their assistants believe, that this college will place the general practitioner above their own level, and hence their opposition!

SELF SUPPORTING DISPENSARIES.

A MEETING, which was extensively advertised, took place at the Hanover Square Rooms, June 29th, for promoting the establishment of these dispensaries throughout the united kingdom.

It is said that a party of agriculturalists recently came to London to wait upon Lord J. Russell for the purpose of making their greivances known, but after looking at each other they found themselves so fat and jolly that they were ashamed to appear before his lordship. Now the "getters up" of this meeting had no reason to complain of *its* size. The affair was altogether a failure. A very few medical men were in the room, and a sufficient number of ladies only to allow the chairman to use the word in the plural number. About forty persons were present at the conclusion, and we believe the number never exceeded fifty. Dr. Mc Cormack, of Putney, and Dr. Moore, of Saville Row, moved the reception of the report. Dr. Moore said, that penny clubs had worked well for the profession. We recommend to his notice the following resolution of the South Eastern branch of the Provincial Association—"That the admission of master tradesmen, and persons of independent property into such clubs, is a gross imposition upon the profession, and tends greatly to lessen its usefulness and respectability."

"Mr. Smith, of Southam, gave a very glowing account of the benefits resulting from this system, which was as inimical to pauperism as fire to water. These dispensaries included women and children ; a class of persons it was well known that the parish surgeons *did not sufficiently attend to*. At Burton-on-Trent all belonged to the dispensary, even children a fortnight old." The secretary of the Northampton dispensary spoke of the advantages of the system, but doubted whether it would be so applicable to London where people's means were not known. A gentleman said he had been prejudiced against these dispensaries because he found that medical men had used them for their own advantage ; he knew a master tradesman who had been physicked at the self supporting Dispensary, Marylebone. Another gentleman thought they would be very beneficial to the junior members of the profession who wanted practice." In the review of Dr. Stewart's work, in the present number, we have entered fully into the subject of self supporting dispensaries, and if we had had any misgivings as to the correctness of our views, the speakers at this meeting would soon have removed them. We believe that the system cannot be advantageous, either to the public or to the profession generally. The very name is *false* and *delusive*, for both doctor and patient are supported by the alms of the charitable ; and the only difference we see between these dispensaries and clothing clubs is, that the linendraper gets full pay in the one, the doctor a disreputable per centage in the other.

THE EPIDEMIOLOGICAL SOCIETY.

MANY of our readers are aware that a meeting, presided over by Lord Ashley, took place at the Hanover Square Rooms, on the 30th of July, for the purpose of forming a society for the investigation of epidemic diseases. Amongst the sixteen Vice Presidents, and four

and twenty councillors, there are a few *minnows*, of Dr. Paris' "half extent order," who like to swim with the *Tritons*. The Society, however, if properly conducted, is likely to do good. We find that Dr. Babbington is president, and Drs. Addison and Bird are on the council, and that they spoke at the meeting in question. Now all these gentlemen are physicians to Guy's Hospital, and it will be recollected that the doors of this institution during the late fearful visitation of cholera, were closed against the hundreds that were dying around, because the physicians *thought the disease might extend to the pupils and patients in the Hospital*. We trust that the Epidemiological Society will enlighten these learned doctors on the subject of contagion. The only cause of regret in the formation of this society is, that it will supersede the labours of the College of Physicians, of which we have spoken at page 60. We believe that this college never yet completed any scientific enquiry, and it should have had six months longer for the consideration of the *promised* report. We now put a question to these learned epidemiologists which, perhaps, the present state of their knowledge will not enable them to answer. How happened it, (as recorded at page 14 of this Journal, judging from the avocations of 4,258 persons,) that many employed in some of the most filthy and dirty occupations enjoyed a comparative exemption from cholera; and that although the same drains, cesspools, sewers, and open ditches existed, yet the mortality from the 13th of October to the 29th of December, 1849, was 2,348 below the estimated average of the season?

PRESENTATION OF THE SWINEY PRIZE GOBLETS TO DR. PARIS AND MR. FONBLANQUE.

"At the late annual distribution of the rewards of the Society of Arts, Lord Colborne in the chair, two silver cups executed by Messrs Garrard, after the design of Mr. Maclise, were presented to Dr. Paris, President of the College of Physicians, and Mr. Fonblanque—the two cups being in place of a single one, which in *accordance with the will* of the late Dr. Swiney, was last year given to these gentlemen as *joint authors* of the *best treatise* on Medical Jurisprudence."—*Athenæum*.

Let the reader turn to our review of this work on Medical Jurisprudence, page 109, and then ask himself the meaning of law, justice, and *morality*? Can some of our readers supply us with the name and address of the next of kin to the late Dr. Swiney? We fancy Mr. Fonblanque, the lawyer, could get up a good case against the *legality* of this award.—The will says "*cup*," and the *author* of the *best work*; and the adjudicators should have been, *according to the will*, "the members of the Society of Arts and the Fellows of the College of Physicians, (Qu. Edinburgh?) with the wives of such of both as may be married."

A FEW PLAIN QUESTIONS AND ANSWERS FOR MEDICAL REFORMERS AT THE PRESENT JUNCTURE.

Quest.—How does it happen that whilst the church and the law are fully represented in both Houses of Parliament that the medical profession has scarcely, a single advocate?

Ans.—Because the lawyers have great influence in framing the laws, and are especially attentive to themselves; and theology and aristocracy are so intimately associated in this country, that the one takes care of the other.

Q.—What are the causes of this neglect of the medical profession?

A.—First, the blighting and chilling influence of the medical corporations, which have only attended to their own interests, and not to the general good of the profession; and secondly, the absence of medical men from the House of Commons.

Q.—Mention any particular grievance respecting the franchise?

A.—A medical man may pay £49 10s a year for his house and land, and may moreover be saddled with an *oppressive income tax*, and have no vote in the representation of the country; but his gardener or blacksmith, who lives on the other side of the road, and who has a rental of only £10 per annum, may enjoy the liberty of voting for a member of parliament.

Q.—What are the remedies for these grievances?

A.—Extension of the franchise, and paid members of parliament.

Q.—Is there any hope of efficient medical reform from the present government?

A.—No; the present government is too much inclined to attend to the *few* and not to the *many*; to listen to the so called aristocracy of the profession, and to support *cliqueism* and *irresponsible power*.

Q.—What course should the members of the medical profession take at the present crisis?

A.—Use their influence in all quarters, to *extend the franchise*, and to return some of their *liberal* brethren to the House of Commons.

A CASE OF GANGRENE OF THE FOOT, WITH PLUGGING OF THE FEMORAL ARTERIES.

By R. Skegg, Esq., L. A. C., Trafalgar Square.

JUNE 21st. 1849, I was called to C. E., of Villiers Street, Strand, a nervous, sickly looking man, thirty five years of age, married, and has a family; is of sober, steady habits, and employed as light porter in a wine merchant's office. He states, that ten years since he travelled by steam from York to London, in December, and fearing sea-sickness, he resolved to remain on deck during the night. The weather was extremely cold, and for the sake of warmth, he placed himself over the grating connected with the engine-room, and remained in this position for two hours, when being seen by the captain he was cautioned as to the risk he was running, and advised to go below. On doing which he found his right leg and foot much swollen, with sense of weight, and loss of power; he suffered much from severe pain extending to the groin. The application of warm water to the limb afforded him relief, but he continued to suffer with the swelling, diminished power, and much pain for six weeks. Up to the present time he has very frequently laboured under acute pain in the limb, and this sometimes is extremely severe in the inguinal region, attended with great loss of power, and a sensation of coldness, for the relief of which, bathing with warm water has generally proved effectual, but latterly he has found that the remedy has rather aggravated than mitigated the pain. About a fortnight ago he struck the affected

limb against a cart, slightly abrading the skin in two places over the tibia. He says the wounds the next day became exceedingly painful, and the integuments around inflamed, and he was obliged to take to his bed. At this date, my first visit, his limb presents the following appearance. There are two ulcers over the front of the tibia, the larger about the size of a half-crown, the smaller the size of a shilling. They have a glazed, irritable, unhealthy aspect, and are slightly inflamed around. The foot is swollen, cold, and of a dusky hue. He complains of severe pain in the ulcers extending to the foot, and frequently to the groin: the pain deprives him of rest. His general health bad; countenance care-worn and anxious; feeble pulse, with great loss of strength and appetite. The ulcers to be dressed with a cerate containing opium, over which a poultice to be applied. I administered quinine and steel with morphia at night, with a generous diet. Under this treatment he continued to the 6th of July, and improved much in health. The ulcers became less painful and smaller, but were far from being healed. The *lotio nigra* was now applied, and the limb bandaged for a week with evident improvement. He was now advised to go into the country, which he did, on the 14th of July much improved in health.

On the 1st of September he returned to London in the most pitiable condition; his countenance the extreme of anxiety; great debility, loss of appetite, and feeble pulse. The ulcers on the leg have healed. The toes and dorsum of the foot in a state of gangrene, with ulceration of the toes, emitting an ichorous and very foetid discharge; acute pain in the foot and leg, sometimes extending to the pelvis. He states that soon after leaving town, his foot became more painful, swollen and black; that he could get no sleep at night; and that his appetite failed him. He consulted a surgeon who advised him to return to town. From this date to the 23rd, the ulceration continued to extend over the dorsum of the foot to the malleoli, exposing the extensor tendons and bones of the tarsus. The treatment consisted of a poultice of linseed meal and beer grounds to the leg, and the administration of bark, ammonia occasionally, quinine and citrate of iron, with opium and camphor at night.

On the 18th. Dr. Crisp visited the patient with me. A careful examination of the limb was made as to the condition of the arteries. Neither of us could detect the slightest pulsation in the iliac or femoral arteries of either side. The conclusion we came to was, that those vessels were impervious, and that the circulation was imperfectly performed by collateral branches, and consequently that the poor man was beyond surgical aid.

On calling at the patient's house on the morning of the 24th, I was informed that on the previous day he had been visited (at the request of his master) by a surgeon to one of the metropolitan hospitals, and by this gentleman's advice was removed that morning to the hospital.

For the remaining brief history of the case I am indebted to the wife. She says "amputation of the leg was performed on the following Saturday, and that he died on the Tuesday following; that she saw him half an hour before he died, and that the stump and limb to the groin were quite black."

REMARKS.—The above case, I think, proves the inutility of surgical interference in such a state of blood-vessels, and it shows the importance of making a careful examination of the arteries in all cases of gangrene of the extremities.

ON THE CAUSES OF INSTANT DEATH.

By Edwards Crisp, M.D., Physician to the Metropolitan Dispensary.

"A moment, and the world's blown up to thee,
The sun is darkness, and the stars are dust."

YOUNG.

THE awfulness and sacredness of the subject almost make me hesitate to commence an essay, which I nevertheless feel is much required at the present time, as scarcely a week elapses without the record of a coroner's inquest which attributes death to *apoplexy*; whilst those who have paid much attention to pathology, assign a different cause for this momentary deprivation of life. It may be said that generally speaking, it matters not to the public at large, what may be the exact cause, as long as it is satisfactorily proved that the individual did not come by his death, by unfair means. This however is taking a very superficial view of the matter, which has an important bearing upon some questions relating to medico-legal medicine.

My attention was especially drawn to the subject by the perusal of the following account of an inquest which appeared in December last in a provincial paper; and as the statements have not been since publicly contradicted, I infer that they are correctly given. If I inserted the *names*, the circumstance could scarcely occasion pain to any of the relatives of the deceased, as in this instance, the cause of death could be of little importance to them. They had the consolatory assurance that the Rev. gentleman had attained a good old age, and that his last moments were well employed. The inquest was conducted by a *medical* coroner, and the gentleman examined was a Fellow of the College of Surgeons of London.

An inquest on the body of the Rev. P—, of —, in this borough, whose death we recorded in our last publication, was held on Friday afternoon, at the —, before —, the borough coroner.

The Jury having viewed the body, the following witnesses were examined:—

Eliza —, housemaid said—The night before last, about ten o'clock, we were at family prayer, which was conducted by my master; while kneeling, and in the act of saying "Our Father," he fell down, and I and my mistress picked him up; he expired almost instantly.

James —, footman in the family of deceased, said—A little after ten o'clock, the night before last, we went in to prayers as usual; my master began to read, and got through the first prayer as well as usual; as he began the Lord's Prayer, he stopped, and on turning round I saw him fall; I went immediately for Mr. —, but on my return my master was dead.

By the Jury. I did not hear the deceased speak; I have known him at times to have several little attacks of illness, but do not know the cause; we used to think them like fainting fits.

Mr. —, surgeon, deposed—I was called to see Mr. —, about ten o'clock on Wednesday evening, and found him dead in the dining-room; I do not know what he died of, but I suspect the cause of death to be serous apoplexy.

The Coroner.—The report abroad is that he laboured under an affection of the heart; do you know anything of that? Your answer at present appears rather a bald one.

Mr. —. Why, I have no hesitation in saying he died of serous apoplexy. It is possible the heart had something to do with it, but I could not find any of the symptoms attending an affection of the heart.

By the Jury. He had had a slight fit some time since, but had completely got over that.

The Coroner. Still the circumstance of his having had a fit would strengthen your opinion that he died of apoplexy.

Mr. —. Yes; of course that would tend to strengthen my opinion; but he was not a subject of common apoplexy.

By the Jury. I have attended him for some years; he was ill some three or four years ago, and sought the advice of Dr. Watson, who suspected that something was wrong with the heart, but could find no proof of it.

The Coroner having asked the Jury for their verdict.

A Juryman said he did not think the evidence conclusive, and that they ought before giving their opinion to hear more upon the subject.

The Coroner did not know who they were likely to get to throw a further light upon it. It was not at all usual, and indeed, he had never in the course of his experience as coroner known a jury to demur to the opinion of two respectable witnesses when confirmed by that of the surgeon. The case would have been different had Mr. — been undecided as to his opinion.

The Juryman did not consider Mr. —'s evidence by any means conclusive, for he had actually told them he did not know the cause of death.

The Coroner said, although the witness had said so, he immediately corrected his statement, which he was at liberty to do if he chose. A medical man in speaking of facts gave his opinion, and that opinion always told for a fact.

Another Juryman confessed he also felt that the medical testimony was not satisfactory. He understood Mr. — to say in the first instance that he did not know the cause of death; and in the second that he believed it to be serious apoplexy, and what was to be understood by that he did not know.

The Coroner explained that apoplexy generally arose from the bursting of a blood vessel; but in the present instance there was most likely an effusion of water in what were termed the ventricles of the brain, in which case life was destroyed by pressure on the brain.

The Juryman wanted to know whether they were to receive Mr. —'s evidence as a matter of fact when he could only say "I believe?"

The Coroner replied that he was quite satisfied with the evidence, and that the case required no further investigation.

Juryman. Then what verdict would you have us return?

The Coroner. Oh, the Jury must do as they please; but your way is clear to a verdict—"Died by the visitation of God—to wit of apoplexy."

The First Juryman did not raise the question with a view of dissenting from the rest: they were met for the purpose of performing a solemn duty, and they ought all to do it to the best of their power.

The Coroner thought there could be no doubt in the matter. It was the case of a clergyman of the Church of England—a pious and consistent man, who, it appeared, was taken whilst surrounded by his family and domestics, as he was offering up his prayers to God—the best way in which he could have been engaged at such a moment. Had it been the case of a stranger taken in the street, without any means of accounting for death, they might have hesitated; but he thought the circumstances they had heard in evidence disarmed the present case of all suspicion.

The Foreman here put the question to the vote, and a unanimous verdict of "Died by the Visitation of God" was returned.

I think the Jury very properly left out the word Apoplexy.

I trust the reader will perceive that the above case has an important bearing on the present enquiry, and those who are accustomed to read the public journals will recollect many absurd verdicts of coroner's juries, especially where the investigations have taken place before lawyer coroners, and where medical evidence has been dispensed with. In the above instance the coroner, as I have before stated, was a medical man. I am not acquainted with any persons who were present at the inquest, and I do not assert that the coroner and surgeon were wrong in their conclusion, but I state without hesitation, that taking all the circumstances into account, the most likely cause of

death, was disease of the heart, and not serous effusion upon the brain. There are exceptions, however, to all rules, and this *may* have been one of them, but it is very unlikely.

The deaths that are commonly called sudden I shall divide into two classes ; 1st. Those cases where death takes place *instantly*, and, 2ndly. Those in which life is prolonged for a few minutes. It will be my object in the present communication to investigate the former, and I shall leave the consideration of the latter for my next paper.

If I were disposed to enter into physiological discussions I could occupy a large space in canvassing the opinions of various writers, as to the causes of death, but my object is to place the subject before the reader in a simple and practical manner, and to avoid as much as possible all theory and hypothesis. It is difficult to give in a short space the exact causes of instant death, but for the sake of simplicity, I assume that all instant deaths may be resolved into three causes, viz. *Interruption or disturbance of the sanguineous, aeriform and nervous fluids.**

According to the Registrar General's Reports, the *sudden* deaths in England and Wales from 1838 to 1842, were 3,012, 3,696, 3,610, 3,901, 3,082.

Situation.—Sudden deaths in cities are much more frequent than in rural districts. I find, taking the same years from 1838 to 1842, that the sudden deaths in London were 3699—In the South Eastern Counties, 1297—in the South Western, 2012 ; the estimated population of the first being in 1838, 1,885,000—of the second 1,467,000—of the third, 1,743,000.

Season.—The sudden deaths in London in $3\frac{1}{4}$ years, were in the first quarter, 618—in the second, 524—in the third, 381—in the fourth, 547.

Sex.—Males are more liable to sudden death than females. In 6708 deaths registered in 1838 and 1839, 4097 were males, and 2611 females.

Age.—In 1479 sudden deaths, 408 occurred under the fifteenth year; 727 between 15 and 60, and 344 over the age of 60.

The returns up to the present time do not afford all the required information, and I must leave my readers to draw their own inferences from these statements, observing only that the term "*sudden death*" is so indefinitely employed, that although the *general* conclusions I believe are correct, the figures, if all the facts were known would most likely differ somewhat from the above.

Deaths from violence.—Probably there are no people who suffer so much from this cause as the English. The number of our sailors, manufacturers and mechanics, who are employed in hazardous occupations, will to a certain extent account for this ; but the hardihood and daring of the people is another cause, that must not be overlooked. From 1838 to 1842, the deaths in England and Wales from violence, were 11,727, 11,632, 11,594, 11,100, 11,092 ; and a remarkable correspondence in the numbers for each year will be observed. The greater part of these were not instant deaths ; but I have no means of ascertaining the proportions.

* The term *nervous fluid* will be objected to, by some, but it is easily understood.

Various kinds of violence may produce instant death. Falling from a great height ; crushing and bruising of the body ; explosion of fire damp ; gunshot wounds, and wounds inflicted by cutting instruments, where the heart or large arteries are penetrated, or where the force and size of the projectile are sufficient to destroy life at once. Fractures and displacements of the cervical vertebræ above the origins of the phrenic nerves are instantly fatal.

Lightning.—The Registrar General states, that “25 persons (18 males and 7 females) were killed by lightning in 1838, and 18 (14 males and 4 females) in 1839. In the last two quarters of 1837, fifteen ; of 1838, fourteen ; and of 1839, only two deaths were caused by lightning. In the two years (1838-9) one of the deaths occurred in May, twenty-six in June, eight in July, four in August, two in September, and two in November. Six was the greatest number killed in one storm, which happened on the 18th of June, 1839 ; and it is a curious coincidence that four persons were struck dead by lightning on the 18th of June, 1838.”

Hanging, and drowning, and noxious gases, may produce instant death, but generally life is prolonged for a short period ; and these will therefore more properly come under the second division.

Blows on the stomach are said to have been instantly fatal from *their influence upon the solar plexus*, but no careful post mortem examinations, that I am aware of, have been made in these cases, and therefore they are not entitled to much credit. The man mentioned by Sir A. Cooper may have had aneurism or valvular disease of the heart. Drinking cold water when the body has been heated by exercise, has also been supposed to have occasioned instant death ; but these cases, like the former, require more careful investigation. It should be recollected that a very slight cause is sometimes sufficient to produce death in a diseased body.

Surgical operations.—Patients may die during an operation from hæmorrhage ; and sometimes the loss of a small quantity of blood has induced sudden dissolution ; especially where the patient has been in the erect, or semi-erect position. The bursting of an internal aneurism has also led to instant death when the patient was under the hands of the surgeon. The admission of air into the veins has produced a like calamity. Buchane first noticed this accident in 1818. Velpeau collected 40 cases, 13 of which were fatal ; (*Méd. Opérat.* 1839, p. 41.) and since this period others have occurred. The sudden evacuation of the fluid in ascites, without the use of pressure upon the abdomen, has caused instantaneous dissolution ; and some persons are said to have died suddenly from the fear of the knife.

Poisons.—The hydrocyanic acid, chloroform, and some of the gases, are the only poisons that produce instant death. I have collected thirteen fatal cases from the application of chloroform to the mouth and nostrils, before, and during surgical operations ; and in eight of these death took place almost momentarily. The hydrocyanic acid does not, when taken in fatal doses, invariably produce instant death ; nor does it always destroy volition and locomotion. Several cases have recently been recorded, where persons have not instantly lost speech and consciousness after taking this poison. I give the outlines of a case I published in the *Lancet*, Sept. 1844. May 1839, I was sent

for in haste to see Mr. — ; and on reaching the house I found him dead. He was lying on the *right* side of the bed, the body inclining to the *left* ; the face was suffused, with a white frothy mucus upon the lips ; the skin of the extremities cold, that of the trunk a little warm. I supposed that he had been dead about an hour. In the *pot de chambre*, which was some distance under the *right* side of the bed, was found a tumbler with a two-ounce stoppered bottle ; the printed label (hydrocyanic acid) floating in the urine, and the stopper out of the bottle. I need not detail the post mortem appearances, as I mention the case only to show that death could not in this instance have been instantaneous ; the acid must have been first taken ; then the tumbler put into the *pot de chambre* ; the patient afterwards turning himself upon his left side.

Brain and Spinal Marrow.—Exclusive of the effects of violence, it is probable that rupture of the basilar artery, effusion of blood into pons varolii, and pressure upon the upper part of the spinal cord are the only causes of instant death. That momentary death may take place, and effusion of blood or serum be found in the cranium, I cannot doubt ; but in these examples, I suspect that the immediate cause of death is in the heart. Although some cases may be found of a doubtful nature, we have abundant evidence to show that serous or sanguineous apoplexy rarely produces instantaneous or sudden death ; and yet so ignorant are coroners generally of this fact, that they allow the verdict of “died from apoplexy” to be frequently returned.

Air passages and Lungs.—The most frequent cause of instant death in these organs, especially in children, is spasm of the glottis. The case related at page 55 of this Journal, is a good illustration ; and I could adduce numerous examples of a like nature ; the sudden detachment of the false membrane in croup, may also occasion immediate dissolution. I may instance the case alluded to at page 102.—Edema of the glottis, ulcers of the upper part of the larynx, and extraneous bodies in the air tubes may produce instant death. Mr. Cane records a case of this kind. (Lancet, Dec. 1847.) A child seven years of age, was sitting with his head upon his father's knee ; he suddenly sprang up after an effort to cough ; was convulsed, and after a few moments dead. A large plumb-stone was found immediately below the rima glottidis ; it was lying transversely. But the following case shows in an especial manner, the importance of a *minute* examination of the body in *all* instances of sudden death. It is copied from the Times newspaper.

“On Saturday last Mr. Wakley held an inquest at Hillingdon, on the body of William Vost. The deceased had been married on the preceding Wednesday ; on returning from church he called on his son-in-law, a man named Hopkins ; a quarrel ensued between them, and a fight took place ; they were separated by a man named Pope, at whose house the wedding dinner was to take place, and to which the deceased accompanied Pope. Shortly after having sat down to dinner he arose suddenly from the table and left the room. Pope followed him, when he fell and expired before assistance could be obtained. It appeared that Hopkins had been taken before the magistrates on Thursday, on a charge of manslaughter, and was out on bail. The Coroner adjourned the inquest till yesterday, in order that a *post mortem* examination of the body might be made, and on the re-assembling of the jury evidence was given that the brain was excessively congested, and the smaller vessels full of red blood ; the death was attributable to apoplexy. At the suggestion of the Coroner, Mr. Jennings, the

surgeon, made a farther examination of the body, the result of which was the finding a large piece of meat completely wedged in the opening of the throat, entirely blocking up the aperture of the air-passage, and causing suffocation. The jury, after expressing their satisfaction at the exculpation of Hopkins, returned a verdict that "Death had been caused accidentally, by the lodgment in the throat of a large piece of unmasticated meat." The piece of meat weighed two ounces and a half!"

Water in the pleuræ and pericardium, extravasations of blood into the substance of the lungs and air tubes may likewise give rise to instant death.

Heart.—The liability to instant death in heart disease is not always in proportion to the amount of organic change. In some slight heart affections persons die instantly, whilst in others where structural change has taken place to a great extent, the deaths are slow and lingering. There is scarcely any alteration of structure in the heart that may not occasion momentary dissolution; but diseases of the mitral and semilunar aortic valves are the most frequent causes. In two examples of closure of the mouth of the aorta by calcareous deposit which have fallen under my notice, one patient died instantly; the death of the other was lingering; in both, the aortic orifice was reduced to a mere chink. Persons with valvular disease of the heart not unfrequently die instantaneously after a full meal; the interruption of the circulation by the distended stomach being the most probable cause. J. M. æt. 35 died momentarily after eating a hearty dinner. I found hypertrophy of the left ventricle of the heart, and one of the chordæ tendinæ as thick as the little finger; the aortic valves ossified with vegetations on their free edges. A youth, æt. 15, who had eaten a very hearty tea, went to chapel and dropped down dead. I discovered on making an inspection of the body, dilatation of the ascending of the aorta, hypertrophy of the left ventricle of the heart, and thickening of the aortic valves, with fibro-cartilaginous deposit on their free margins. I examined the body of a man who died instantly after eating a hearty dinner. The parietes of the left ventricle were much thickened, and the semilunar valves and lower part of the aorta partly ossified. A woman æt. 28, was sitting up in her bed and expired instantly. I found one of the aortic valves, (which was previously diseased,) ruptured perpendicularly.

Ossification of the coronary arteries, (angina pectoris) will give rise to instant death, probably by interrupting the circulation of the blood in the muscular structure of the heart. A gentleman, æt. 56, first came under my care in April, 1841, and died instantly, in February, 1847. His health before I first saw him had been tolerably good, with the exception of slight attacks of difficulty of breathing. (His father died suddenly of angina pectoris, at the age of 55.) At that time he suffered from dyspnoea, and sense of oppression at the præcordia, with pain, extending thence to the left arm and elbow, and sometimes affecting the little and ring fingers. He had also violent pain in the epigastrium, so as to induce him to suppose that he was passing gallstones, although none could be discovered in the evacuations. The pulse was irregular, and the impulse of the heart increased in force—the heart's sounds were natural. These symptoms continued for several days; he was bled from the arm, leeches and fomentations were applied to the side, and small doses of mercury

given, so as slightly to affect the gums. He gradually improved in health, and was able to resume his usual avocations; he suffered, however, from frequent attacks of angina pectoris, and the pain in the left arm and fingers was at times very severe, lasting occasionally for four or five days; latterly, he had pain also in the right arm and shoulder. About eighteen months before, he had suffered from acute pain in the left side, and a few days afterwards, a small calculus was voided with the urine. After this his health somewhat improved, but he was subject to attacks of angina pectoris.

Three days before death he suffered from excruciating pain in the left arm and little finger, which though relieved by warm applications, soon returned. He also complained of a sense of oppression in the region of the heart—"as if (to use his own expression) the heart had been bound down." He retired to bed about half-past ten on the night previous to his death, slept for five or six hours, and in the morning expressed himself easier than he had been for two or three days. He was able to dress and shave himself, and walk down stairs; and whilst in the act of getting his breakfast, his head suddenly fell forward, and he died instantaneously.

On examination, great abundance of fat was found about the abdominal parietes. Numerous pleuritic adhesions existed on the left side. Both lungs, especially the left, were engorged with blood. The heart was large and flabby, and weighed about fourteen ounces. Both the coronary arteries were carefully dissected and found ossified in various parts, in some places so as to form a bony cylinder; the left ventricle was dilated; both auriculo-ventricular openings were large; but the mitral and tricuspid valves appeared to have performed their proper functions. The aorta was of its usual calibre, but it contained numerous elevated patches of cartilaginous and atheromatous deposit, as well as three bony plates. The liver was large, but its structure apparently healthy. The gall-bladder was filled with calculi, and its duct impervious. The right kidney was double its natural size; the left, small; and the pelves of both congested; the right contained a small phosphatic calculus.

Rupture of the heart (spontaneous) does not invariably produce instant death; and wounds of this organ, are not always instantly fatal. I examined, with Mr. Darvill, late of Walworth, the body of Col. G. He was 73 years of age, and had been ill six weeks, when he was suddenly seized, about noon, with pain in the region of the heart, which was attributed to indigestion; a large quantity of flatus was expelled from the stomach. At half-past four, he vomited some undigested matter. One hour afterwards, he said he was freer from pain, but felt a curious sensation in the cardiac region which he could not describe. Five minutes afterwards he was found dead. On opening the pericardium, a quantity of bloody serum escaped, and the cavity was found to contain a large amount of coagulated blood which had escaped from a small rupture in the posterior part of the ventricle, about one inch from the apex. The chordæ tendineæ were also ruptured; the walls of the ventricle at the injured part did not appear thinner than natural, but intermixed with the muscular fibres was a white, fatty, adipoceros-looking matter. The valves were healthy; the walls of the left ventricle were hypertrophied, being one-third

thicker than usual ; the lungs normal. It is probable that the chordæ tendineæ first gave way, and that the opening in the ventricle occurred a short time before death. This lesion generally happens in elderly people ; and in all the specimens which I have examined, fatty degeneration existed in the muscular structure of the ventricle.

Spasm in the heart, although recognized by some high authorities, I believe never takes place. It is not, I think, probable, that an organ like the heart, the very centre and fountain of life, would be subject to tonic spasm ; if so, instantaneous death would be much more frequent than at present. The assertions respecting the occurrence of spasm of the heart are all hypothetical. I believe that the death of Lord George Bentinck was erroneously attributed to this cause.

A flabby heart.—This state of the organ has not been sufficiently attended to by pathologists, and is I suspect a frequent cause of instant death, during great bodily or mental excitement. A gentleman ran very fast to overtake an omnibus ; as soon as he had seated himself, he fell down dead. The only morbid appearance was a flabby heart. A woman in a violent passion expired instantly ; the same state of heart was present. A patient convalescent from fever suddenly gets out of bed and dies ; the only discoverable change likely to account for death, is a weak and flabby heart. In these cases the heart probably loses its irritability and contractility from increased exertion beyond its powers, and hence the prolonged syncope, which is the cause of death.

Large blood vessels.—I have collected 22 cases of rupture* of the aorta ; 15 spontaneous, and 7 from violence ; 14 of the former, and 4 of the latter were in the thoracic aorta. In these lesions, death is generally instantaneous. In what is called *dissecting aneurism* however, where a partial rupture only takes place ; and the blood finds its way between the coats of the artery ; life may be prolonged for some time. The latter lesion I find is more common in women, judging from a table of 21 cases, and in 15 of these the blood was discharged into the pericardium. In rupture of the iliac arteries the blood is generally confined by the peritoneum, for a short time before death takes place. Ruptures of the large veins may occur from violence ; but spontaneous rupture of these vessels is rare. A soldier on parade fell dead from his horse, and the vena azygos was found ruptured. (*British and Foreign Review*, 1846.)

Aneurism.—The termination of this disease is not so generally instantly fatal as has been hitherto supposed ; and I draw my inference from 176 cases of thoracic† aneurism ; 32 of these opened into the pericardium, and death took place in the remainder in various ways ; some of the patients died instantly, and others slowly. In the 21 cases of aneurism of the descending thoracic aorta, *all the persons were males*. Many patients in internal aneurism die a lingering death ; and the bursting of the sac is not the immediate cause of dissolution ; sometimes the sac gives way, and the blood is confined by the surrounding structures. Internal aneurisms seldom burst externally : of the above 176 cases, only 7 terminated in this manner ; 6

* Structure and Diseases of the Blood Vessels, p. 289.

† Ibid, p. 134.

were aneurisms of the ascending aorta, and one was seated at the arch. But an aneurism that bursts externally does not necessarily produce instant death. Dr. Stokes, of Dublin, informed me of a case under his care in the Meath Hospital. A thoracic aneurism burst externally, and one of the patients in the ward had the presence of mind to introduce some tow into the wound; an enormous quantity of blood was lost, but the woman lived some time after the occurrence, and was relieved by the hæmorrhage. Aneurisms in the limbs are not now allowed to open externally; but before Hunter's operation, this occurrence was not unfrequent, and in some instances nature effected a cure by this means.

Women sometimes die momentarily, during, or after labor, from sudden loss of blood, rupture of the uterus, or some of the internal organs. But these cases are happily of rare occurrence.

I may lastly allude to cases of a doubtful and mysterious nature, where a person has been instantly deprived of life, and the post mortem examination has revealed no satisfactory cause of death. I could mention many such examples; but I am disposed to think that in *all*, there is a physical cause for the sudden dissolution, although not detected at the autopsy. In my next paper, I purpose to investigate the causes of *sudden* death, including serous and sanguineous apoplexy.

21 Parliament Street,
Aug. 25, 1850.

REVIEWS.

OBSERVATIONS ON THE NATURE AND CURE OF DROPSIES, AND PARTICULARLY ON THE PRESENCE OF THE COAGULABLE PART OF THE BLOOD IN DROPSICAL URINE. BY JOHN BLACKALL, M.D. Exeter, 1813.

Lord Bacon says, "Some books are to be tasted, others to be swallowed, and some few to be chewed and digested." Now as we think that the present volume, although not of a tender age, has neither been properly chewed, swallowed nor digested, we take the opportunity of giving its composition to the reader, believing that old books sometimes, like old wines, are better than new. As a proof that this work has been neglected by some modern writers, we stated in our review of Dr. Miller's work on the pathology of the kidney, that although he had consulted twenty-four authorities, he omitted to speak of Blackall.

Dr. Blackall when at St. Bartholomew's Hospital in 1795, in a case of diabetes found the urine coagulable on exposure to heat and nitric acid. Cotugno in 1764 alluded to the albuminous state of the urine in some persons affected with dropsy and diabetes. Fordyce, Darwin, Fourcroy and Cruikshank also noticed this condition of urine, but very indefinitely. Dr. Blackall makes two divisions of dropsies. 1st. Those in which the urine is not coagulable by heat; and 2nd, those in which it is coagulable, and he infers that the former dropsies are inflammatory. The following passage will show the little importance he attached to morbid anatomy.

"Van Helmont, in his chapter entitled *Ignotus Hydrops*, has even pronounced

the seat of this disorder, to be the kidneys themselves. I have, therefore, thought it right in the present inquiry, not to neglect even these minute circumstances of the urinary discharge, although I acknowledge them to be of a value infinitely less than the result furnished by the application of heat; and my observations on them, will be in some measure, but a necessary introduction to this part of the subject."

Seven cases of dropsy are related, in which the urine was pale, crude, and apparently diluted. In this form diuretics, according to the author are less serviceable, than when the urine is scanty and loaded. In the following two chapters twenty-one examples of dropsy with non-coagulable urine are recorded, but in cases 7 and 8 the urine *became albuminous under the use of mercury*. The author next gives ten cases of Scarlatina, with coagulable urine, and in five of these there was a bloody sediment. Nine instances of coagulable urine, supposed to be produced by mercury, form the second section of the treatise, and Dr. Blackall imagined that the inflammation was induced by mercurial courses. Nine cases follow of inflammatory dropsy produced by intemperance and cold; but it is worthy of remark, that *only one of these appeared to arise from exposure to cold alone*. Cachexy is treated of in chap. vii. and five examples with coagulable urine are given; these are followed by four of land scurvy. Chapter ix. contains ten cases of hydrothorax; chap. x. two of ascites; and chap. xi. two of hydrocephalus. The reader must bear in mind that in the 51 cases last alluded to, the urine was albuminous.

The author in his recapitulation observes,

"From the foregoing cases, it is evident, that the urine of dropsy assumes very different and even opposite appearances; and that though it often errs, as indeed we might expect it always would, by an excess of colour, sediment, and extractive matter; yet that sometimes it verges toward the opposite extreme, is apparently little animalized and crude; does not seem to possess appropriate characters of urine, and is, I suppose, particularly deficient in what the chemists have lately called urea."

Again,

"In a majority of dropsical cases, the urine is coagulable by heat, but to a very various extent. Sometimes it becomes opaque and milky, at 160 degrees or less, and soon breaks into small coagula, or even forms further into a mass nearly solid. In other instances it undergoes no alteration, till it almost arrives at the boiling heat, becomes then slightly opaque, but not milky, and gives a precipitate, both small in quantity, and loose in its texture. More rarely, although the change is inconsiderable before it boils, the least evaporation converts it into a tremulous mass."

Dr. Blackall after discussing the various forms of dropsy; their causes, &c. when speaking of the treatment, makes the following remarks respecting the cure by blood-letting:

"The most powerful of these antiphlogistic agents is venæ-section, a remedy which no one would wish to employ in any disease without necessity, and particularly revolting to the general opinion in œdematous swellings. I have, however, directed it in several such instances, and never had reason to regret its use. The state of the blood, and the relief that followed, have usually confirmed the propriety of the operation, it is most obviously called for by the accession of pneumonia; I believe, likewise, that the disease occasionally falls on the abdomen in such a manner, as equally to require it; and that it is likely to be of particular service after mercurial courses, where the urine is greatly increased in quantity, and in the inflammatory anasarca, it is indeed sometimes the only evacuation which can be directed for cachectic patients, their stomachs rejecting both laxatives and diuretics; whilst the ease with which they undergo this operation, as well as the relief they experi-

ence from it, are truly surprising. A correct guide to it may be found in the firmness, copiousness, and early appearance of coagulum in the urine; its limits, in the improvement of that discharge, the state of the blood, and the relief of the other symptoms."

The author adds it will be prudent at first to prescribe it with caution. But there are periods of the disorder in which no other operation can preserve life. We have not space to comment upon this part of the treatise, but we recommend Bacon's digester to some of our non-depleting friends. The experiments of Dr. Wells at St. Thomas's Hospital, 1812, are alluded to. Dr. Wells, in 136 persons affected with non-scarlatinal dropsy, found the urine albuminous in 78.

In forming an estimate of the merits of this treatise, we must take into account the imperfect state of pathology, (especially in this country), and the absence of auscultation as a means of diagnosis, when the book was written. Notwithstanding the many crude and untenable opinions of the author, it is due to his memory to state, that he was the pioneer of an improvement in pathology of the kidney, which, although now much perfected, remains still in an unfinished state. And now let us ask how the discovery of granular kidney, by Dr. Bright, in 1827, bears upon the treatise of Dr. Blackall? We come to the conclusion that Dr. Bright could not have been assisted in his morbid anatomy by Dr. Blackall, for this author only gives nine dissections, and in four of these the kidneys are not named. In one case they are soft, flaccid and loaded with fat, but in other respects natural—in another they were unusually firm—in the seventh remarkably loaded with blood, as if injected—in the eighth very small and sound, and in the ninth remarkably solid and hard, and their structure somewhat confused. Morgagni, James, Crampton, and others had spoken of diseased kidneys, in connexion with dropsy, but it was Dr. Bright who first described the granular kidney and pointed out its connexion with albuminous urine, and it is evident that Blackall, under the head of inflammatory dropsy, has generally included this affection.

We believe, from our own experience and from extensive enquiries among our professional brethren that inflammatory dropsy of the cellular membrane is a *rare disease*, although some *oracles* in the profession think otherwise. We commend to their attention the following passage from an old author, 1710, recorded in the last number of our Journal, "That the practice of hospitals and that of private practice is in many respects extremely different, and consequently, that the former is not a sufficient model for the latter."

GOUT, RHEUMATIC FEVER, AND CHRONIC RHEUMATISM OF THE JOINTS. By R. B. TODD, M.D., F.R.S., Fellow of the College of Physicians, Physician to the King's College Hospital, and Professor of Physiology in King's College, London. 8vo. London: John W. Parker.

According to our old fashioned notions, gout and rheumatism are *very different* diseases,—the one the penalty of improper diet, and drink; often visited upon the *children* to the third or fourth generations; the other generally arising from poverty and exposure to cold. In the first the stomach is the *fons et origo* of the mischief, in the second the skin. Added to these there is a *bastard* affection somewhat allied to both, which it is difficult to classify. The author of this book

contents, "that these diseases have a similar origin;" as we dislike the system of popping at a man from behind a hedge, we shall leave Dr. Garrod, (without asking his consent) to give Dr. Todd what we believe to be a "*practical*" quietus. It is the fashion to talk a great deal about "*blood diseases*;" but how many diseases we ask, are there, in which the blood is not more or less affected? We extract the following from a paper read last session at the Westminster Medical Society, by Dr. Garrod. (Lancet, March 16th.) We have before quoted it, but it will bear repetition.

"Gout is a disease of advanced age; rheumatism of youth. Gout is more common among men; rheumatism affects both sexes alike. Gout, at first at least attacks the plethoric, and those who live high; rheumatism generally the debilitated from any causes. Gout is frequently hereditary; rheumatism, if at all so, incomparably less so than gout. The exciting causes also differ. Gout is induced by high living, by certain indigestible food, or by local injury, in those strongly predisposed; cold is the principal exciting cause of rheumatism. The rich are more subject to gout; the poor to rheumatism. Gout frequently presents premonitory symptoms, affecting the digestive organs, which is not the case in rheumatism. Gout attacks the small joints; rheumatism the larger. In gout, one joint, generally, only is affected; in rheumatism many. In gout of long standing the large joints may be attacked, and also more than one; sometimes again, in rheumatism, the smaller joints are involved. In both diseases, the affection of the joints is accompanied by pain, redness, and swelling; but in gout, the pain is generally more severe, and the redness and swelling greater than in rheumatism. In gout, we have œdema and subsequent desquamation, which do not occur in rheumatism. The fever in gout is proportioned to the local inflammation; but it greatly exceeds it in rheumatism, and there is frequently profuse sweating of an acid character. Metastasis rarely occurs in acute gout; and when it does, the brain or stomach suffers, the heart seldom or never; in rheumatism the heart is frequently inflamed, and the secondary affection becomes the most important. Chronic rheumatism is more frequent than chronic gout; the latter is frequently accompanied by the secretion of a milky fluid, which constitutes chalk-stones, or tophaceous deposits. Their composition is peculiar, consisting almost entirely of urate of soda, and sometimes phosphate and carbonate of lime. In the fluid state, the needle-like crystals of the urate of soda can be readily detected under the microscope. They are met with on the joints of the hands and feet, which they distort and even dislocate, also in and around the sheaths of the tendons, and even in the cancellous structure of the head and bones. (Specimens, one weighing 2 oz. when fresh, were exhibited.) Colchicum possesses an almost magic power in relieving the pain in gout, but is not attended with such marked benefit in the acute form of rheumatism."

SANITARY ECONOMICS, OR OUR MEDICAL CHARITIES AS THEY ARE,
AND AS THEY OUGHT TO BE. BY A. STEWART, M.D., Physician to St. Pan-
cras Dispensary.

As far as we can collect from this pamphlet, Dr. Stewart has been five years physician to this Dispensary, and notwithstanding his great exertions in the cause of philanthropy, he has received no golden reward; guineas have not touched the needy palm; for two long years he has ceased to subscribe to the charity, and he is "not allowed to recommend even the most urgent case." Dr. Stewart thinks he "has his quarrel just," and quotations from Scripture are given; but their force is considerably lessened by the pounds, shillings and pence conclusions.

Although we entirely disagree with Dr. Stewart, and those who advocate the "self supporting dispensaries," we believe that many of these gentlemen are actuated by philanthropic motives. Dr. Stewart

would better have consulted his own dignity, and that of his class, if he had retired from the office when he found that it did not answer his expectations. The fact is, all these appointments are obtained for the purpose of benefiting the Physician or Surgeon, and the *philanthropy* of the affair is all *fiddle-de-dee*.

Dr. Stewart now advocates the "self supporting dispensaries," and was so ignorant of the matter that he did not know until June 1848, that so "distinguished an individual" as Mr. Chadwick, was favourable to these dispensaries; he subsequently discovered that "Mr. Smith, of Southam, had been advocating the principle for twenty-six years." Mr. Smith, the goodness of whose intentions we have no right to question, was the originator, and Mr. Chadwick, the great distributor of this *boon* to the medical profession in the shape of penny clubs, a slight modification of, and improvement upon the Dispensary system. Mr. Chadwick was rather peremptory in his demands. Nurses sometimes, when children don't take nasty physic, show them the rod; and the Poor Law Commissioners threatened the surgeons with like pains and penalties if they disobeyed their mandates. Then Mr. B., wishing to curry favor with the parson and esquire, at once adopted the system, and Mr. A., although he disapproved of it, thought it would be *politic* to do as Mr. B. did.

But now for the principle. The agricultural labourer pays one penny per week for physic and attendance; the city mechanic or artisan, whose *wages it is impossible to ascertain*, may pay treble the sum, but the subscriptions of benevolent individuals, tradesmen and capitalists, will enable the doctor to pocket 8s. or 10s. per annum for each person. *Both doctor and patient are supported by charity.* We know, as on former occasions, we shall be met with the canting cry of philanthropy and brotherly love; but can the clergy, we ask, who advocate this system, take burial, christening and marriage fees from these dispensary patients? or the butcher, baker and grocer, the usual price for their commodities? A medical practitioner is expected to do what is required of no other man in the community: he must give his time, labor, and often risk the loss of his life without fee or reward. And if according to the public edict he has chanced to neglect even in *part* one of these requirements, he is branded as a brute for his want of feeling. Now let the same poor starving wretch who needed his assistance, go into the shop of one of the tradesmen who has censured the medical man for his uncharitableness, and ask for an article of food that he requires more than physic—is he likely to procure it?

If we could see that this system would benefit the poor man, we would make any sacrifice to support it: we would not take one morsel from the needy, one resource from the afflicted, nor would we consider *first* the interests of the medical profession; but when we reflect upon the immense number of hospitals, dispensaries, and private charities in this metropolis, and when we know of the enormous abuses that exist at most of these institutions, we without hesitation condemn a system, which under the high-sounding and specious name of "self-support," would only tend we believe to increase the evils which already exist.

ON THE OPERATION FOR STRANGULATED HERNIA. BY HENRY HANCOCK, F.R.C.S.E., Surgeon and Lecturer on Surgery, Charing Cross Hospital, &c. London: Churchill.

Mr. Hancock's chief objects in this treatise, are to enquire into the comparative advantages of Petit's operation, of not opening the sac in strangulated hernia; to investigate the statistics, and to remark on the treatment. The author says,

"We can scarcely read the published records of strangulated hernia, without feeling surprise; not that the mortality has been so great, but that it has not been greater. Every rule, I may almost say, of common sense, if not of good practice, appears to have been violated, in the treatment of these cases. When strangulation took place, instead of at once relieving the stricture, the patient was left until almost dead; the surgeon in the mean time torturing him in all manner of ways, in order to prevent the operation, which was at last obliged to be performed under every disadvantage, the gut being bruised, inflamed and mortified, and the patient in a state of collapse, worn out by suffering, and the long and abortive attempts at reduction."

Although this picture is somewhat overdrawn, and the expression "common sense and good practice" nonsensical; yet we agree with the author to a great extent, and believe that many lives are annually sacrificed, in consequence of the delay of the operation. We remember, at one of our public hospitals, that eleven cases of strangulated hernia in succession terminated fatally; and it is probable, if these patients had been operated upon early, that four-fifths of them would have been saved. But let us pause and ask, what is the cause of this? The question is easily answered. The abominable system which exists in London, of making *nominal* surgeons; men, who are proud to put the name of surgeon on their doors, but who shun the knife and seek the assistance of the "higher grade." If a Faculty of Medicine, or even a National Institute, existed in England, we believe almost every general practitioner would feel himself competent to perform the capital operations; and we should not hear of the absurd argument of the necessity of having "*Fellows only licensed to cut.*" The operation for strangulated hernia especially, is a very simple one; and we believe that a patient operated upon early by a mere tyro, would have a much better chance of recovery than if he were under the hands of the most experienced surgeon at a later period. How many of our readers will remember to have seen a poor patient at one of our public hospitals, with strangulated hernia, under the hands of an ignorant dresser, whose chief recommendation at that time, was the money he could pay to the surgeon, and who had given no proof that he possessed a particle of anatomical knowledge. The tumour which was painful and tense, and had been previously well mauled about, was pushed in every direction but the right, by half a dozen students; then the surgeon was sent for; (at this period, 1826, there were no house surgeons;) he arrived after some hours, and the sequel is too well known, to need description. The grave tells no tales. Happily this state of things does not exist now, to the same extent; this matter however is more connected with the *politics* of the profession than some will be willing to admit. But to return to our author; Mr. Hancock contents himself with three tables; which considering the amount of information that might have been obtained,

are of a very meagre description, e. g. In 537 cases of hernia, 250 were femoral, 250 inguinal, 8 umbilical, and 5 ventral.

We extract from the *Gazette des Hôpitaux* the following statistics of hernia communicated to the Surgical Society of Paris by M. Maisonneuve. The deductions are taken from 11,644 cases which presented themselves at the *Bureau Central*, during a period of six years. "8790 men and 2854 women were the subjects of hernia. In the former 8237 were inguinal, 307 crural, and 246 umbilical. In the latter 1112 inguinal, 639 crural, 560 umbilical, and 543 vaginal. Among the men 4483 were inguinal herniæ on the right side, and 3738 on the left. In the women 542 on the right side, and 564 on the left."

Another table is also given, showing the result of the operation for strangulated hernia in 357 cases. Of these 228 recovered, and 129 died. This table is followed by one shewing the influence of various modes of treatment in 432 cases of operation for strangulated hernia. But the reader is left in the dark as to the names of the operators. As the pith and marrow of most books are in the deductions, we give *some* of the most important of these.

That the arguments in favor of not opening the sac are not supported by statistical inferences, and that opening the sac does not increase the danger of the operation.—That comparatively few cases die of simple peritonitis after the ordinary operation.—That we may incise diseased with greater impunity than healthy peritoneum.—That the employment of chloroform should supersede the necessity of warm bath, bleeding and tobacco, in the treatment of strangulated hernia. The author adduces several arguments against the operation of Petit, and concludes that the ordinary proceeding is the safer of the two. Mr. Hancock condemns the use of purgatives, both before and after the operation, and advises a dose of laudanum as soon as it is over, to be repeated as often as occasion may require.

This last direction leaves a great deal to the discretion of the practitioner, and Mr. Hancock's inferences we think, are not for the most part sufficiently philosophic to afford him much assistance. He must in this operation, as in all others, be guided to a great extent by common sense, and not pursue the same mode of treatment in *all* cases. Until the surgeons and physicians at our public hospitals are *compelled to keep a faithful record of their cases* hospital statistics in many diseases will be of little avail. We beg again to direct the reader's attention to the first extract from this work; and we ask why every man who calls himself a surgeon, should not perform the operation for strangulated hernia? We honestly believe that if the general practitioners of London would cut the "pures" and operate upon their own patients, that there would be an immense saving of human life. Operations in private practice are always more successful than those performed in hospitals, and the question respecting the success of the operation for strangulated hernia is not so much one of *experience* as of *time*. We should have been better pleased with Mr. Hancock if he had stated the *cause* as well as the *fact*. If he had gone to the fountain of the mischief, he would have found it in his own *surgical* college; but we suspect that this is a muddy stream, that the author has no desire to explore.

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AN ADDRESS TO THE MEDICAL STUDENTS OF ENGLAND.

WE have thought the present a suitable opportunity to say a few words to the medical students who are about to pursue their studies at the hospitals during the ensuing session. Our remarks are especially intended to apply to those who visit London for the first time, and who are ignorant of the many shoals and quicksands that beset their course. In our concluding observations we shall endeavour to make the student acquainted with his position, and to impress upon him the necessity of using his efforts to rescue his profession from its present degraded state—to aim at the establishment of a Faculty of medicine, election by concours, and public examinations, so that the honors of the profession may be gained by industry and talent, and not by money and patronage. In addressing ourselves to the young, we feel that we have a better chance of making converts to our views : and we believe that some who now treat our remarks with indifference and scorn, will hereafter see the necessity of effecting the reform we advocate. The chief object of most medical students is to get through their examinations, and these over their happiness is supposed to be complete ; the politics of the profession are not likely to occupy their attention until they have more leisure for reflection, and then they may discover that a radical change in the government of our medical institutions must tend to improve medical science, increase the respectability of the profession, and add to the public welfare.

Before entering upon his studies, let us ask the student whether he has well considered the awful responsibility he incurs,—that life and death are in his hands ; that by his skill the parent may be raised from a bed of sickness to the support of his sorrowing children, and the pale cheek of the helpless infant, may, by his means, assume the ruddy hue of health. But let him look at the other side of the picture ; let him ask himself whether waste of hours may not occasion waste of life, and whether turpitude and idleness during his pupilage, may not end in regret and discomfiture hereafter ?

The most important requisites for a student of medicine are, a good preliminary education,* common sense, industry, method, and a love of truth. The best men in our profession have not been remarkable for brilliant talents. Sydenham, Harvey, Hunter, Jenner, Cullen, Mason Good, Cooper, Baillie, Ruysch, Haller, Bichât, Morgagni, Malpighi, Boerhaave, Laennec, Desault, and Cuvier, were all distinguished for patience, industry, research, and love of truth. The man of fertile imagination may occasionally hit upon an important discovery, but he is more likely to let his imagination run riot, and to get wrecked upon some delusive theory. We could adduce many living examples of this.

* Endeavour to obtain a knowledge of modern languages, especially of French and German ; these will be infinitely more useful to you than Latin or Greek.

The student's first object must be to acquire an accurate knowledge of the structure of the human body,—the machine which it will be his office to repair. The basis of medical knowledge is anatomy, and without this the practice of medicine and surgery is little better than empiricism. The quack may boast of his nostrums, of his remedy for all diseases, adorned and patronized by a government stamp ; but shew him the bleeding artery, the strangulated intestine, the fractured skull, and where are his resources ? Ask him to point out the consolidated lung, the imperfect valve, the enlarged artery, and his ignorance is at once apparent. Let us then entreat the student to obtain a good practical knowledge of anatomy by careful and repeated dissection ; above all, let him first well learn the bones and the muscles, and ligaments attached to them. If the framework of the house be well understood, the superstructure is easily acquired ; the student who thoroughly understands the bones has completed half his task. After dissecting the body once for the muscles and ligaments, let him carefully trace out the blood vessels, nerves, and viscera ; then let him a third time go over the body, with a view to study its diseases ; let him ask himself what operations he may be called upon to perform upon each member ? what so-called surgical diseases may affect it, and what treatment would be likely to prevent the use of the knife ?—the *dernier resort* of the surgeon : let him especially obtain an accurate knowledge of the situation, size, and weight of the thoracic and abdominal viscera ; and let him consider the various displacements, enlargements, alterations of structure, and functional disorders to which they are subject. But the student must proceed step by step, with scalpel in hand, and the anatomical course we have chalked out should extend over a period of three or four years. A slight knowledge of drawing will materially assist the pupil in his anatomical studies, and a rough sketch of the parts he has recently dissected will serve more to impress them upon the memory than many hours of reading and study.

The student during the first session should, besides anatomy, attend to *materia medica*, botany, chemistry and midwifery, and should acquire a good knowledge of all the important drugs and chemicals : he will have in his examinations to assign virtues to many of these which they do not possess, but he must for his own interest sake follow the routine of the schools ; and when he has obtained his diplomas, he may laugh at the credulity of some of his examiners. Let him especially endeavour to obtain a practical knowledge of chemistry ; he cannot be a *proficient* in this science without neglecting other matters of more importance, but every practitioner should be able to make a common analysis, and know the composition of the drugs and compounds he prescribes. Midwifery and the diseases of women and children demand the especial attention of the student, as these will probably form a great share of his practice in after life ; and the state of the uterus is so intimately connected with most female maladies, that a thorough acquaintance with its diseases and functional derangements is essential to all who practise the healing art. Midwifery is a department of the profession too often neglected by the pupil, but it is one of vital importance : let the student first acquire a correct knowledge of its principles, and then experience

alone can make him an expert practitioner. There is no operation in surgery that requires more decision and judgment than a bad case of midwifery ; there is scarcely one in which a man is so often required to act with energy and fortitude. Hesitation is perilous ; delay is death. Let the student well consider this.

After acquiring a knowledge of the anatomy of the human frame, its physiology must be learnt, the beauty and harmony of all its parts must be understood : and in this inquiry a knowledge of natural philosophy is essential : mechanics, optics, hydrostatics, hydraulics, pneumatics, acoustics, and electricity, will explain to the pupil the mechanism of the different joints, the air, blood, and water tubes, the bell-wires (nerves), the windows, the store houses, and the coverings of the body, whilst chemistry and the microscope will assist him in investigating its normal and diseased products. The study of comparative anatomy (too much neglected by medical students) will add much to the interest of these inquiries ; the type that exists throughout the whole animal creation, the wise adaptation of parts to certain ends, the propagation of the various species of animals, the physiology of the vegetable creation, are studies that must serve to expand the mind, and teach the student "to look through nature up to nature's God."

The attendance upon certain lectures is required by the governing bodies of the profession in this country, who are allowed to put money into their pockets in various ways. They are many of them examiners and teachers, and they form, to use a vulgar phrase, a "*queer medley*:" men who teach and examine in surgery without a knowledge of medicine, and vice versa ; mad-house keepers and dispensers of household surgery to the public, dealers in infinitessimals, and barterers in the sale of examinerships. The law compels you to attend their lectures, and you must make the best of them, but the bed-side is the place to gain information ; *here* you learn your profession : in the sick chamber, and in the medical and surgical wards of an hospital, the diseases of the body, the derangements and alterations in the mechanism of the human machine are laid open to you ; here it is that you acquire the knowledge that will avail in time of need. Neglect this, and next to anatomy, you neglect the most important of your duties.

Let not the study of disease at the bed-side content you, but go to the dead-house, and there see the cause that has snapped the thread of life. Look at the morbid parts, and ask whether the disease was remediable ? Was the diagnosis correct ? What was the probable effect of the treatment, and would any other means have saved or prolonged life ? It is here we learn our ignorance ; the scalpel shows us our errors of diagnosis, and too often reveals to us the inadequacy of medical treatment. Unless the cause of death be so apparent as to be beyond a doubt, be not satisfied without examining very carefully all the viscera and the spinal cord. Attend especially to the valves of the heart, and the condition of the larger blood-vessels ; the state of the blood too is most important. Observe the size and weight of organs, and here your knowledge of anatomy will greatly assist you. Before you can understand diseased structures, you must have a good knowledge of their normal state. Pathology shews us

that in many diseases our art is unavailing, but it teaches us also that we may do too much.

Amongst the numerous errors which a student is likely to commit, is that of reading too many books, and reading them superficially. *Non multa sed multum* was the advice of Pliny, and this precept cannot be too strongly impressed upon the mind; superficial reading is like bad aliment, it is not properly digested: one page carefully read is better than a hundred without reflection. The best test of the accuracy of your knowledge is to describe it to another, and the system of question and answer amongst students is one likely to lead to good results. How many students fancy they know a thing; but often when they attempt to describe it to another, how meagre is their information! Students often lose much valuable time in writing out lectures, a system that can do no good. It is better to take the heads of the lecture only, and then reflect upon them afterwards at your rooms, ask yourself what you have learnt, and consider well its *practical* utility. Every student should have a note-book to register cases and important facts; the value of this method cannot be too much overrated. Cases that appear to be of no particular interest at the time they are seen, in after life, when your store of knowledge increases, will be of infinite benefit. Let no medical student be without his note-book. A fault too often committed by students is the reluctance to ask questions of their teachers; lay aside this modesty, and on all occasions endeavour to know the why and the wherefore. Why is such a mode of treatment adopted? What is the disease or accident, and how treated? What is the general effect of calomel and opium given indiscriminately to a hundred patients? Above all things avoid a blind adherence to the *dicta* of the schools; recollect that there are more false facts than false theories in medicine; and the man who talks the loudest, and with the greatest confidence, is most frequently in the wrong. Especially avoid the common error of drawing inferences from a few premises; this is the plague spot and curse of our profession, the *splendide mendax* of authors. Shun the bye lanes of speculation and hypothesis, the *obscuris vera involvens*, and keep to the main road of truth.

Another great mistake that nearly all medical students commit, is the running after surgical operations, to the neglect of medical practice. In after life, nineteen-twentieths of your patients will be (to use the distinction of the English school) affected with medical diseases; and no surgical operation should be performed for a chronic affection, until medicine, air and diet have been fairly tried; the use of the knife in these cases is the *opprobrium medicorum*. A knowledge of the proper preparation of medicines is an important requisite for a medical student, although it is now too much the fashion to decry this department of the profession—to snub the apothecary. We should like to put a pestle and mortar into the hands of these gentlemen who will not let drugs come between the wind and their gentility, and see them dispense some of their own prescriptions. If medicines possess the virtues we attribute to them, surely their mode of preparation is most essential to their success; and yet the government of this country allows any man, howsoever ignorant he may be, to dispense the most deadly poisons, and moreover stamps his nostrums with its approba-

tion ; and some of the *heads* (so called) of the profession, in their parliamentary evidence, saw no reason to change the system ; to remove these medical excrescences, these blots and stains, from the laws of our country. Unhappily some few members of our profession are vendors of quack medicines ; but let the student, if he values his own respectability and the honor of his profession, avoid their touch. And lastly, as to the economy of time : do every thing methodically ; rise early, and before going to bed ask yourself what you have learnt during the day ? and register the important events in your note-book ; acquire a habit of punctuality when young, and you will not lose it in after life.

And now after a course of hard study and anxious toil you prepare for your examinations, and what a choice does England afford ! all tastes and capacities may be suited, you may choose from the penny whistle to the brass trumpet ; no country fair ever presented greater variety : you may have parchment which only exhibits the surgery of the butcher ; you may have pure surgery without its better-half, medicine ; or you may have both, in all sorts of degrees, modifications and varieties, with town and country prices. Like the cut of your coat, you must pay for fashion, and the admission into aristocratic clubs. According to the learned president of the College of Physicians, Dr. Paris, (Parliamentary Evidence) "*a higher order of physicians should be secured for the Metropolis,*" and of course the price must accord with the value of the commodity.

A complete change must take place in the mode of examination ; every student should pass four examinations at various intervals ; he will then have time to learn his subjects properly ; and he will not be "ground," as at present with knowledge that flies away as soon as it is acquired, and he will have less chance of rejection. Mr. Guthrie, (Parliamentary Evidence) thinks the students would be embarrassed if the examinations were public ; but if you will turn to the *Lancet* for January 20, 1849, you will see that Mr. Guthrie has himself given damning proof of the necessity for this change. Mr. Guthrie will reject a candidate if his opinions, or rather the opinions he has obtained from other teachers do not square with his own. If the medical students of England will attend to their own interests, let them advocate public examinations. By the present system the diligent and industrious student may be rejected ; the idler whose head is crammed full of book knowledge, may be complimented by his examiners. But observe the difference in the number of rejections at different times. College of Surgeons, December, 1848, for the fellowship examination 5 were rejected out of 6. In December, 1849, 22 were examined for the fellowship, and only 1 was rejected. A month after this 12 went up for the membership, and 8 were sent back. At the last examination 4 out of 5 were rejected at the fellowship examination, and 10 out of 16 for the membership. We leave the student to draw his own inferences respecting the advantages of public examinations.

After obtaining your diploma, what is your position : what station do you occupy in the social scale ? If you commence your career as a general practitioner in a large city, the practice which you *should* obtain is too often monopolized by druggists, and men without medical

knowledge. If you enter the navy, according to what is called the improved system, you must spend three years with the *middies* to learn gentility before you can enter the ward room. But whose fault is this? The medical corporations, the dissimilarities, and prices of diplomas. We heard Professor Jacob, of Dublin, in 1848, tell the students, at his introductory lecture at the College of Surgeons, that they were badly treated in the navy, but he advised them to "rough it, and get all they could." *We* tell you all to consult your own dignity, and avoid the service until you are treated as gentlemen. How do you fare in the army? A recent concession, wrung from a reluctant government, has awarded the military order of the Bath to several naval and military men, some of whom very properly rejected the civil decoration which the government at that time only thought them entitled to. But what took place at the late battle of Istedt? Killed: Officers, 22; surgeons, 2; non-commissioned officers, 30. Wounded: Officers, 77; surgeons, 20; non-commissioned officers, 217.

What are the titles in the medical profession? What rewards are you likely to obtain? A few baronets and knights, created some of them, for political, rather than for scientific services, are all the honors we can boast of. But look to the rewards and titles in the church and the law, and surely medicine, in point of usefulness and science, will bear comparison with the latter profession? The statue of the celebrated Larrey now adorns the city of Paris; why should not those of Hunter and Jenner be seen in our streets? What king, noble or statesman ever conferred half the good on his fellow creatures that these men have done? What names are more worthy to be sculptured in brass and marble? Shame on the government, shame on our profession, we say, for such neglect. John Bull likes to pay for the ornaments of his folly; the statues of kings whose deeds deserve execration, and the warriors who have destroyed thousands, meet the public gaze in our squares, but where are those of the men of science who have saved human life? What an exhibition for foreigners in 1851.

Another great injustice committed towards the medical profession, is the selection of lawyers for the office of coroner; there are only twenty-two members of our profession in England who hold this appointment. What a monstrous inconsistency to select a man to inquire into the cause of death, who is ignorant of the structure of the body. If your watch stopped, would you take it to a blacksmith to ascertain the cause?

But when you have obtained your diplomas, what power have you in your own Colleges and Universities? just as much as the porters who stand at the doors. If you are a member of the College of Surgeons, and a general practitioner, you are dubbed an *apothecary* by your own *surgical* College. If a lecturer mentions your name, you are a respectable apothecary, *always* intelligent; we never knew an apothecary who was not called intelligent by a lecturer. But if you value your dignity, the respectability of your class, the honour of your profession, commence in good earnest to endeavour to root out these monstrous abuses, these canker-worms in our medical institutions.

We will not point out the Hospital you should enter, as this is a matter of secondary consideration; you must depend upon your own exertions; work hard in the dissecting-room, and be diligent in your

attendance in the wards and in the dead-house. We will only, in conclusion, caution you against the various baits that are thrown out to catch pupils.—Collegiate establishments, scholarships, prizes of all sorts ; and you may have the satisfaction of seeing your name circulated in the prospectus of the school if you are successful in your efforts. It is not our wish to discourage laudable ambition, but we fear that many who try for these prizes neglect matters of more importance, and with the student, the knowledge generally afforded can be only that of the parrot. At some of your societies you will see, at the commencement of the session, the benches ornamented with your teachers ; at the end, they will be few and far between. You will hear in the introductory lectures high sounding words and affecting appeals, but doctors, like parsons, do not always practise what they preach. You will hear men talk to you about morality and religion, who degrade the name of both by attending only to their own selfish interests ; half-clad men, who would deny the peasant on his sick-bed, the same resource as the lord ; who would make fashions in medicine—grades in the very chambers of death.

In an introductory lecture bought at a public auction, we find written on the title-page the following letter : “My dear —— here is the opening palaver, published “by desire :” it may do me good : Can the Lancet do any thing for me ?” The writer, a surgical teacher in the modern Athens, will know his own production, and our excuse for publishing it, is our desire to shew the humbug of the system, and our detestation of cant and hypocrisy. Let not the student suppose that we are anxious to make him dissatisfied with his teachers ; there are many excellent and honourable men amongst them, it is the *system* of which we complain. We would deprive them of their irresponsible power, and unite the members of the profession into a Faculty of Medicine, in which all would take a mutual interest. We ask the medical students of England to assist us in our object : we would open the honours of the profession to all ; we would have no fashionable clubs and private interests ; no canvassing for hospital appointments ; no barriers on the score of religion : we would legislate for the general good—for the advancement of medical science.

SKETCHES OF THE MEDICAL SCHOOLS OF LONDON, DUBLIN, EDINBURGH, AND PARIS : WITH A COMPARISON OF THE FRENCH AND ENGLISH SYSTEM OF INSTRUCTION, AND REMARKS ON SOME OF THE PECULIARITIES OF THE MEDICAL AND SURGICAL PRACTICE IN THESE CAPITALS. BY EDWARDS CRISP, M.D.

BEFORE I commence these Sketches it will be well to tell the reader my qualification for the task I have undertaken. I have three times visited Paris, and in 1829 I spent, after passing my examinations in London, several months in that capital. I was there again in 1846, and during the present month I have made a short sojourn, and have seen all the principal hospitals and schools of Paris. In the year 1848 I stayed several months in Dublin and Edinburgh, and have always been in the habit of taking notes of all that I have seen, although until recently I had no intention of publishing them. It may be thought by some, that it would have been more courteous towards the physicians and surgeons of the hospitals, if I had ex-

pressed to them my desire of making these notes public, but the statement I have just made is a sufficient answer to this objection, and I may remind the reader that a stranger and a silent looker on, is more likely to give an unbiassed account than one who is influenced by the statements of others. My wish is, to avoid offence to all, at the same time I shall not hesitate to express my opinion without reserve, upon matters which materially affect the general welfare of the profession; and it is on this account only that I am induced to place the following Sketches before the medical public, believing, as I do, that an entire change is necessary in the government of our medical institutions, and that those who advocate this, are the best friends to the progress of science.

M. Roux, the celebrated French surgeon, came to London in 1816 for one month, and soon after published his *Parallele de la Chirurgie Francaise avec la Chirurgie Anglaise*; so that I have a precedent for the course that I am taking. M. Roux speaks of the great politeness shewn to him by the London surgeons, who during his sojourn paid him great attention: I may also boast of the politeness and attention I generally received in my travels, although (with one exception) I purposely avoided letters of introduction. To Professor Simpson of Edinburgh. Drs. Stokes, Lees and Moore of Dublin, and to my friend Dr. Bazin of Paris I beg to express my especial thanks. I was desirous of forming my own opinions without bias or prejudice, and I now leave the reader to set his own value upon them.

The Hospitals and Medical Institutions of France.—Before the revolution of 1789, there were twenty universities which granted degrees, and fifteen colleges and corporations of physicians. An enormous amount of corruption and nepotism existed at these institutions; honours were sold, and merit and industry had little chance of reward, if not supported by aristocratic influence. The National Convention, in 1792, passed a law for the suppression of these corporations, and established three universities, Paris, Strasburg and Montpellier, and these are the only universities in France for granting medical degrees at the present time: at these institutions there are five orders of the faculty—theology, law, medicine, mathematics, physics and letters; the professors must be thirty years of age, the associates twenty-five, and they are all elected by concours, or public examination. Any professor or associate whose conduct is notoriously bad, after a proper investigation may be suspended or expelled. The associates supply the places of the fellows in case their attendance is prevented, and they assist in the examinations of the theses, without, however, having the power of determining the majority. In addition to the universities there are twenty-one preparatory schools of medicine surgery and pharmacy in various parts of France.

*Students of Medicine** are required, before entering upon their studies, to produce a certificate of age, of good conduct, and the diploma of bachelor of letters; before their fifth examination, that of bachelor of sciences.

The examination at the three universities for the degree of doctor

* I am indebted to Roubaud's *Annuaire Medical*, 1850, and *Les Médecines de Paris* 1845, for much of the information respecting the examinations, &c. the rest I have obtained from various sources.

of medicine or surgery is the same, and five examinations are passed during a period of four years. 1st. Natural history, physics, and medical chemistry. 2nd. Anatomy and physiology. 3rd. Internal and external pathology, and operative surgery. 4th. Hygiène, medical jurisprudence, materia medica, therapeutics and pharmacy. 5th. External and internal clinique, and midwifery. After these five examinations the candidate is required to write a thesis, in Latin or French, and to defend it in public. Two of these examinations used to be in Latin, but this has been for some time abandoned. The candidate may take either the degree of doctor of medicine, or surgery, or both, as his taste or circumstances may dictate. All these examinations are conducted in public, and are open to any person (excepting females) who may choose to be present. The cost of the examinations, inscriptions and diploma is 1,100 francs, (45*l* 16*s* 8*d.*) and the student has nothing to pay for lectures.

In addition to the doctors of medicine and surgery, there is a numerous class of practitioners who practise under certain restrictions called *officiers de santé*; these are not obliged to study in the schools of medicine, but they must have been six years the pupils of doctors, or they must have followed for five consecutive years the practice of a civil or military hospital, or an attendance of three consecutive years at a school of medicine is considered equivalent to the above. There are three examinations: 1st. Anatomy; 2nd. Elements of Medicine; 3rd. Surgery and an ordinary knowledge of pharmacy. The examiners are composed of three doctors of medicine appointed by the government, and of two residing in each department. In the departments where the schools of medicine are situated, the professors form the examining board. The examination is public, and the price of the license is 4*l* 3*s* 4*d.* This class of medical men is the greatest blot on the French system, and there is a general desire on the part of the profession to abolish it.

All the medical practitioners are compelled to register themselves within a month after commencing practice, and to show their diplomas to the proper authorities. The lists are sent in December of each year to the minister of the interior. The *officiers de santé* are not permitted to practise out of the departments where they have been examined, and they cannot perform the capital operations of surgery unless they are superintended by a doctor. There are also numerous *sages-femmes* who practise midwifery, but are not allowed to employ instruments without calling in a doctor. Persons exercising the calling of a doctor illegally, are fined 1000 francs for the first offence, the fine is doubled for the second, and an imprisonment not exceeding six months is inflicted for the third. Those who practise as *officiers de santé* without qualification, are fined 500, and the *sages-femmes* 100 francs; the fines increasing as in the first instance.

There are three schools of pharmacy in France, Paris, Montpellier, and Strasburg. The students are obliged to be three years in a civil hospital, or eight years with a pharmacien. They undergo three examinations before they obtain their license; the subjects are botany and the natural history of drugs; and they are required to perform nine chemical and pharmaceutical operations. The examiners are appointed by the government, and there are two professors of

medicine or surgery in addition to these. The pharmaciens, who answer to our chemists and druggists in England, are not permitted to give advice or medicine; their office is to dispense the prescriptions of the doctors, and to supply the public with good drugs; and their shops are visited once a year by two professors of medicine, some members of the school of pharmacy, and a commissary of police, who inspect the drugs and compounds. They are not allowed to sell poisonous substances, unless a certificate is obtained from the proper authorities. Those who sell herbs are compelled to undergo an examination as to the properties of the plants they vend. It is not lawful to sell a *secret* medicine, but a commission of five persons, three of them professors of medicine, may be appointed to inquire into the composition of any medicine, and if the committee think it likely to be serviceable to the public, it may be sold.

In France there are about 22,000 persons connected with the medical profession: 10,000 doctors, 7,000 officers of health, and 5,000 pharmaciens. The officers of health are more numerous in the thinly populated districts, the doctors in the cities and towns. In Paris, in 1845, there were 14,000 doctors of medicine and 150 officers of health. Many of the former had received decorations; *simple chevaliers, officers et commandeurs*. In 1849 there were 950 medical students in Paris, 174 at Montpellier, and 109 at Strasburg.

Societies of Paris.—Besides the Faculty of Medicine before spoken of, there is the *Academy of Sciences*, divided into two parts—mathematical, and physical sciences, and composed of sixty-five members, who are distributed into eleven sections, six in each, excepting those of geography and navigation, which have only three. The members of the Academy hold their sittings every Monday at 3 o'clock, and they receive all communications addressed to them, and name commissioners to report upon them. The Academy gives every year a prize for *Experimental Physiology*; one for *Surgery*, and the *Monthyon* prize for the best essay "On the means of rendering an unhealthy occupation less fatal." Various sums are also given as an encouragement to those who have published works that are likely to advance the progress of medicine.

The *National Academy of Medicine* is composed of 100 titular members, besides correspondents and foreign associates. This Society answers all questions of the government respecting the public health; receives communications addressed directly, or through the minister of the interior; makes reports and answers letters and communications, and supplies those who require it with vaccine lymph. The titular members, who alone have a voice in the government, are divided into eleven sections—Anatomy and physiology, medical pathology, surgical pathology, therapeutics, operative surgery, pathological anatomy, midwifery, hygiene, veterinary medicine, physics and medical chemistry, and pharmacy. The president and secretary are elected annually. The meetings are held every Tuesday at 3 o'clock. Five prizes are given by the Academy; three are annual, and the subject is announced two years before: one of these, the *Cuvrier* prize, must be on some malady of the nervous system. 4th. The *Itard* prize, given every three years to the best scientific work published during the interval. 5th. The *Argenteuil* prize, to the author who in the six preceding

years, has made the greatest progress in the treatment of strictures of the urethra. In addition to these, there are twelve medical societies in Paris, and most of them publish their memoirs.

In 1845 there were thirty-one journals of medicine, and its collateral sciences, printed in Paris, but the number is now slightly reduced. The medical books published in France are much more numerous than in England. I find by the Catalogue for 1849, that more than two hundred publications, connected directly or indirectly with medicine, issued from the press last year.

Museums of Paris. There are only three anatomical and pathological museums in Paris: the one at the Faculty of Medicine is open to the students during the session, from 11 to 3. It consists of preparations in human and comparative anatomy, and of specimens in botany, materia medica, chemistry, mineralogy, and zoology, so classified as greatly to facilitate the studies of the pupils, and the subjects are all placed within a small compass. The preparations are very neatly kept and systematically arranged. The only specimen that excited my particular attention was the skin of the entire foot, leg and thigh, transparent; the form of the limb is preserved, and the cutaneous nerves are all exhibited.

In addition to this, there is the Museum of Comparative Anatomy, at the Garden of Plants, and two botanical gardens, which are open to the students; one, in the Garden of Plants, and the other in the Gardens of the Luxembourg.

Musée Dupuytren. This Museum, formed by the illustrious man whose name it bears, and who left 2,000,000 of francs for its support, contains a large number of preparations of the bones (762) collected chiefly by Dupuytren; to these are added many wet and dry pathological specimens, and numerous models in wax and papier mâché. Unfortunately no proper catalogue exists, but I learn that one will be published in the course of three or four months. The specimens of most interest which I saw, were fractures of the neck of the thigh-bone within the capsule (three of these are said to be consolidated) but a great number are non-united. Sir A. Cooper was wrong in stating that this union could not take place, but it is a circumstance of very rare occurrence—A fracture of the patella with bony union.—Several remarkable specimens of elephantiasis (Greek and Arabian),—The cast of a bronchocele, which is so large that it entirely surrounds the neck, and is nearly two feet in length.—A large fungus hamatodes of the eye, removed by M. Gerdy, 1838, with success.—A case of mollities ossium, in which the limbs are so distorted as to present a most remarkable appearance.—A pessary which had remained fourteen years in the vagina, entirely incrustated with calcareous deposit.—An immense carcinomatous tumour surrounding the thoracic and abdominal aorta.—A double aneurism of the thoracic aorta projecting backwards to a great extent on both sides of the spine.—A tumour, as large as a hen's egg, attached to the inner parietes of the left ventricle of the heart.—The foetal monstrosities are very curious: a cyclops, the eye in the centre of the forehead. Several specimens of double-headed children: the most remarkable of these I saw alive when in Paris in 1829. Christina et Ritta, the body above double, and below single; they were nine months old, when I saw them; one

head looked very pale and death-like, and they died the next day. The mother, æt. 32, a Sardinian, had a severe labour, and had had several children before.

The Museum at the Veterinary school of Alfort contains some curious specimens ; amongst these I remarked a fracture of the head of the femur and entire separation of the bones ; the ligamentum teres remaining uninjured : there is also the vastus externus of a horse completely ossified. This is an admirable establishment for the education of veterinary surgeons, who are obliged to attend for three sessions, and undergo two examinations before they obtain their diploma. There are two similar institutions, one at Tours, the other at Lyons. The pathological and anatomical museums of Paris are much inferior to those of London, and probably the explanation given by M. Roux is the true one, viz. that the opportunities of studying pathology are so much greater in Paris, that the French have but little occasion to preserve specimens in spirits.

Dissecting rooms.—The two establishments for dissection are the *Ecole Pratique* near the School of Medicine, and *Clamart* in the *Rue Fer à Moulin*. The latter is the larger, and consists of four extensive rooms, well lighted and ventilated, each containing twenty-two leaden tables, so that 350 students could dissect here at the same time. The porter told me that probably 500 or 600 dead bodies were in these rooms last session. The charge for dissection for the season is only 20 francs. The three prosectors of anatomy and the four assistants are chosen by concours ; the former receive 1,200 francs, and the latter 500 for the session.

The Hospitals of Paris.—These are all under the control of government, and cost 18,000,000 francs yearly ; they contain more than 7,000 beds, not including the *Bicêtre* and *Salpêtrière*. They are regulated by a committee appointed by government. The *Bureau Central* is instituted for the examination of patients who require admission into the hospitals ; but those affected with acute diseases are taken in at once. The committee of examination is composed of 14 doctors, 5 surgeons, and 5 specialists ; and all except the last are elected by concours, and this post is the stepping-stone to hospital appointments. The patients are inspected at the Bureau, and sent to those hospitals which are best adapted for their respective ailments. All the physicians and surgeons to these hospitals are elected by concours,* as are likewise the *externes* and *internes*, who correspond to our dressers in London. The former follow the surgeon in his visits, assist at consultations, perform autopsies, and the minor operations of surgery under the superintendence of the latter. The *internes* must have served as *externes* ; they are required to attend to the patients in the absence of the physician or surgeon, to register cases and observations, and to bleed, cup, and, if in a surgical ward, to have in readiness the instruments that may be required. They are lodged and fed in the hospital, and receive for the first year 400 francs, for the second 500. All foreigners are eligible for these appointments, and they are

* The reader at page 50, will find a description of election by *concours* for the chair of operative surgery lately obtained by Malgaigne, with a sketch of the English mode of selection.

moreover privileged to attend *all the hospitals and lectures without payment*. The physicians and surgeons make their visits at 7 o'clock in the morning, and a bell is rung on their arrival at the hospital. *Cliniques* are frequently given during the session.

The *Hotel-Dieu* is one of the largest hospitals in Paris, and contains 820 beds. Physicians, *MM. Husson, Caillard, Honoré, Jardieux, Louis, Martin-Solon, Guérard, Chomel, Rostan*. Surgeons, *MM. Roux, Boyer, Jobert*. M. Louis is perhaps one of the most industrious of our profession, as his numerous works will testify; and his treatise on pulmonary consumption is a model for young physicians: some of the conclusions in this work are perhaps too positive, but they are generally correct. M. Louis has depended upon his own labours—the work of his own hands. How many Englishmen will remember him twenty years ago in the dead-house, first reading the diagnosis from the case book, and then ascertaining *himself* the nature of the malady. I had only time on this occasion to visit the wards of M. Louis twice, and I was especially struck with the great care he took in the examination of his patients affected with diseases of the chest; he does not employ the stethoscope, but prefers the ear; he told me that he had abandoned the use of the stethoscope for some time in hospital practice; he thinks the wood tends to diminish the sound. Several patients affected with paralysis were under the care of M. Louis; and I saw five or six cases of inflammation of the femoral vein. In paralysis M. Louis has not much confidence in strychnine, believing that there is generally a disorganization of structure, that is to a great extent irremediable. In acute rheumatism, small bleedings (in most cases) followed by the disulphate of quinine, is the treatment usually adopted. M. Louis administers the cod-liver oil frequently in pulmonary disease; but he thinks that its virtues have been much exaggerated, as a curative agent in phthisis. I was surprised to see in the wards of M. Louis a case of confluent small-pox. The practice of putting small-pox patients with those affected with other maladies, is a very objectionable one. It is strange that the French government, although generally so careful about the public health, has not yet established a small-pox hospital in Paris.

In the wards of M. Boyer, (son of the celebrated Boyer) the cases of most importance were, a large ganglion of the wrist, which had been treated by seton. A fracture of the patella; the foot was not much elevated, and a splint was placed under the knee with a leather strap attached on both sides, so as to act like Sir A. Cooper's strap, by keeping the bones in contact. M. Boyer told me, "that he had several times seen bony union in these fractures." In fractures of the thigh, straight splints were used, and a board put between the bed and the mattress to prevent dropping of the limb. In hydrocele the injection employed by M. Boyer is the *vin ordinaire*, (warm) this injection is very generally used now, but the tincture of iodine is preferred by some. In 1829, I saw brandy and water frequently employed. M. Boyer informed me, that he prepared all his patients for operations, and after the operation he always fed them well, and he found that they did better than under the starving system. M. Boyer especially inculcates the necessity of operating early after a hernia has become strangulated; in one case he told me, he operated an hour

and a half after the strangulation ; he opens the sac and gives purgatives as soon as the operation is finished.

M. Gosselin was attending the patients of M. Roux, who was in the country. The principal cases of interest in M. Roux's wards were a ligature of a varicose vein of the leg,—an operation, I hope, which will soon be abandoned by European surgeons. Two cases of vesico-vaginal fistula, and a case of loose cartilage of the knee joint, for the knife : this is another operation that surgeons would hesitate to perform if they attended more to statistics. I have known two deaths after the removal of a loose cartilage from the knee joint ; the patients before the operation were strong and healthy, and the malady occasioned only temporary inconvenience. The most remarkable case I saw under M. Roux's care was a strong young man, æt. 34, who had been affected with bronchocele for ten years ; it occupied the front of the throat, extending more to the right side from the hyoides to the inner part of the clavicle. M. Roux removed the tumour, and during the operation there was loss of voice from supposed division of the recurrent laryngeal nerve. The tumour weighed about 18oz. When I saw the man the wound had healed, and with the exception of hoarseness of the voice, the patient appeared well. M. Gosselin informed me that M. Roux had removed five of these tumors, and that this was the only successful case.

M. Jobert, whose practice is much followed, is celebrated for his treatment of vesico-vaginal, and recto-vaginal fistulæ. The principal of the treatment is to pare the edges of the opening ; to use the interrupted suture ; to relax the tissues by incisions, and keep the bowels confined by opium. M. Tabors, an *externe* of La Pitié, told me of a very bad case that had been sent from that hospital to the Hotel-Dieu, and perfectly cured by M. Jobert.

Hôpital de la Pitié, contains 625 beds : physicians, *MM. Piorry, Gendrin, Serres, Clement, Piedagnel*. Surgeons, *MM. Langier and Michon*. In the inner court of this hospital is a beautiful acacia, about 120 feet high, upon which is inscribed, *Arbre de la Liberté, planté en 1793, par les enfans de la patrie*, and near it stands a lanky poplar, planted in 1848, by the patriots of the hospital.

The clinique of M. Piorry is much followed. He is celebrated for his diagnosis of diseases of the chest and abdomen by percussion ; his *Traité de la percussion médiate* gained the Monthyon prize, in 1828, and he has diligently pursued this method ever since. M. Piorry told me, that a long time was required to become a proficient, and that constant practice only would enable a man to arrive at an accurate diagnosis. The plessimeter of M. Piorry is made of ivory, with projecting ends, and a graduated scale.

The career of M. Piorry has been rather a curious one : when a pupil, he said, " I will one day be a professor at the Faculty of Medicine at Paris ;" and he has obtained his object, although beaten five times at the Concours. His work on practical medicine, in 8 volumes, with an atlas of plates, is an evidence of great zeal and industry. The third volume, on alterations of the blood, published in 1834, is especially interesting.—M. Piorry believes that in all cases of intermittent fever the spleen is enlarged, and that this enlargement is the origin of the mischief. From numerous experiments he has

made on dogs, he concludes that the disulphate of quinine and the hydrochlorate of soda have the power of diminishing the size of the spleen, and hence their curative power. A young man who had had intermittent fever with enlarged spleen, which was cured by quinine, again entered the hospital: the spleen was a second time enlarged, and I saw M. Piorry define the supposed size of this organ by percussion, and he marked the supposed extent upon the skin with ink. The man was ordered to drink cold water: the size of the spleen remained the same. The patient then drank ten scruples of hydrochlorate of soda dissolved in water, and the spleen appeared to be smaller. I percussed both before and after the salt had been taken, and as far as I could judge the sound was certainly different, but the distension of the stomach might have produced this alteration. M. Piorry however spoke very confidently upon the point. In another case the same quantity of salt and water was given to a man whose spleen was in a normal condition, and the size of the organ appeared to be diminished. M. Piorry's plan is to percuss carefully before the draught is taken, and then mark the size of the spleen with a pencil upon the skin. I saw several cases of intermittent fever from Africa, in the wards of M. Piorry, treated with quinine and sea-salt, and apparently with great benefit. M. Piorry believes that the latter will supersede the use of the quinine. I give an extract from Mr. Crosse's Sketches of the Medical Schools of Paris, 1815, to shew the estimation he formed of percussion at that period. "I seldom entered the medical wards of the French hospitals without seeing the *percussion de la poitrine* (as it is termed) put in practice, in order to learn the nature, situation and extent of diseases of the chest. I could not ascertain then nor since, how far it deserves the confidence that French physicians place in it, but most of them hold it in high estimation as a diagnostic mark of the different diseases of the thoracic viscera."

In the wards of M. Michon, I saw a woman who had a wound of the breast, which had bled at intervals for six months, notwithstanding the application of astringents of different kinds, and the administration of various medicines. A cancer was removed from one breast some years ago, and about six months since a small hard glandular tumour from the other: the wound from the latter operation has never healed: during the menstrual periods the hæmorrhage is increased, and there is no discharge from the vagina. Before this operation the menses were regular.

A case of ectropium was operated upon in the following manner: a triangular flap with the base above, was made under the eyelid; the edges of this wound were brought together by means of pins, and the twisted suture and the flap pushed up, so as to form almost an entropium. This operation has generally succeeded. M. Nélaton in many cases employs union by the first intention, but he thinks it important to make a proper selection of the cases. A woman with vesico-vaginal fistula was in one of the beds: and on speaking with M. Michon respecting the success of the operation in these fistulæ, he said he thought that great exaggerations had been made; he knew of one case that had been reported cured four or five times.

Hôpital de la Charité contains 492 beds, and is one of the neatest hospitals as regards its exterior in Paris: the pretty flowers which meet the eye of the visitor on entering the gate add much to the interest of the place. Most of the wards are large and remarkably clean. Physicians:—*MM. Fouquier, Rayer, Anrdal, Cruveilhier, Bouillaud, and Briquet*: Surgeons—*Velpeau and Gerdy*, names that are well known in the literature of the profession. In the wards of M. Velpeau I did not see many cases of particular interest. A patient who had had the tendo Achillis divided in both legs, had a bandage round the foot, and this was attached to a long roller fixed above each knee, so as to keep the foot in its proper position. A man had the femoral artery tied for popliteal aneurism; a piece of *charpie* was put into the wound, and this treatment has been continued ever since. This morning, Sept. 10th, the seventeenth day after the operation, the wound looks well; M. Velpeau inserted some pledgets of *charpie* into the wound, and over these the yellow cerate and more *charpie* were applied. M. Velpeau informed me that he adopted this mode of treatment in consequence of glandular swellings in this case, but he did not always practise it after the operation for the ligature of arteries. M. Velpeau, for the minor operations of surgery, is one of the best manipulators I have seen.

Under the care of M. Cruveilhier I saw a case of dropsy from Bright's disease which had been three times cured, but the woman was now sinking. M. Cruveilhier avoids in this disease powerful diuretics, and medicines likely to irritate the kidneys which are already in an engorged state. In a case of diminution of one side of the chest from pleuro-pneumonia, he mentioned the advantage of taking a *lateral* view of the thorax; like Louis he seldom uses the stethoscope, except above the clavicle, and in the examination of the arteries. M. Cruveilhier informed me that Laennec once said to him, "The French will hereafter generally employ the ear, and not the stethoscope."

Hôpital clinique de la Faculté.—This is a new hospital, and one of the most interesting in Paris; although it contains only 135 beds, and it is specially devoted to surgery, and the diseases of women. *MM. J. Cloquet and P. Dubois*. The former, the surgeon; the latter, the accoucheur. Some of the most remarkable cases are sent here from the *Bureau Central*. M. Jarjavay, an agrégé of the Faculty, was attending the patients of M. Cloquet. I saw some instructive cases in this hospital—congenital dislocation of the hip-joint in a child eight years of age—ulceration of the lower eye-lid of a suspicious character; the actual cautery to be applied; when healed, the operation for ectropium—A case of hydatids of the liver in a woman about 40 years of age. M. Jarjavay made an incision down to the peritoneum, inserted *charpie*: after a time he scratched the peritoneum with his finger-nail; enlarged the opening, and a great quantity of hydatids escaped; the tumour, when I saw the woman, had disappeared, the wound had healed, and the patient was convalescent.—A man had a large air-tumour on the left side of the scalp, connected with the frontal sinus. It came on spontaneously, and was supposed to arise from atrophy of the bone. M. Jarjavay considered the case unique:

he proposed introducing a tube, and collecting the gas for the purpose of analysis.—A woman with osteosarcoma of the upper jaw ; the jaw to be removed.—A man, ten months before his admission, had fracture of the radius and ulna, with dislocation of the head of the radius forwards ; the case was badly treated in the country. The fractures had united, the dislocation remained, but the man had a tolerable use of the limb.—A man had fallen 30 feet from a scaffold ; he had feeble pulse, and cold skin. M. Jarjavay said, "that some practitioners would now bleed this man ; very bad practice." He was ordered infusion of arnica and ammonia. The Duke D'Orleans was bled soon after he fell from his carriage.—A case of fistulous opening in the scrotum after iodine injection.—In inflamed joints, the tartarized antimony is given with great benefit.—M. Jarjavay, in cataract, prefers the operation of extraction ; he told me, he had this year had 12 successful operations out of 14.

Hôpital des Enfants.—This hospital is for the reception of children, of both sexes, from two to fifteen years of age. Physicians, *M. M. Trousseau, Bonneau, Blache, Baulélocque.* Surgeon, *M. Guersant.* The hospital contains 600 beds, and gratuitous advice and medicine are given every day, except Sunday, to the out-patients. The wards of this hospital are well arranged, and the little patients are supplied with every necessary comfort. In the grounds attached to the hospital there are swings, and other means of amusement likely to benefit the convalescents, who require air and exercise. In the wards of M. Guersant I saw some interesting cases ; the greater number of the patients were affected with scrofulous maladies. M. Guersant informed me, that in these affections he placed most confidence in the preparations of iodine and cod-liver oil, with a good nourishing diet.—A little girl with hip joint disease, had the thigh of the affected side considerably shortened ; a tin vessel containing water was attached by means of a leather strap to the foot ; this strap ran over a pulley, and the vessel was suspended from the bottom of the bed, the quantity of water in the vessel regulating the amount of extension.—In a case of amputation of the foot, (Lisfranc's) the wound was nearly healed ; union by the first intention was practised,—a method generally pursued now by M. Guersant.—A child had a burn on the back of the hand, and contraction of the fingers was the consequence. To remedy this, M. Guersant proposed to detach a triangular flap of skin from the back of the hand, push up the flap, as in the operation for ectropium, before mentioned, and by this means allow of extension of the fingers.—A child with hydrocele was treated by seton, but the usual method is injection with iodine.—Amongst the out-patients, I saw an infant with nævus of the cheek ; the tumor was about the size of a walnut, but nearly flat ; red hot needles were introduced in various directions, and M. Guersant informed me, that he had cured several erectile tumors by this practice. In this example the tumor was not sufficiently elevated to allow of the use of the ligature.—A child, with necrosis of the metacarpal bone of the finger was ordered to apply *charpie* dipped in a decoction of walnut leaves. The treatment of scrofulous affections by walnut leaves, by Dr. Negrier, is alluded to at page 137 of this Journal.—M. Guersant told me, that he had performed the operation of tracheotomy in croup 52

times in private practice, and he had saved eight of his patients. In hospital practice the result was not so satisfactory, in consequence of the delay of the operation. M. Guersant, after the operation, places a crape round the neck so as to cover the canula, and form a respirator. The admission of warm air he thinks important. The introduction of a solution of nitrate of silver, as formerly practised by Trousseau and Brichteau, is abandoned. In the treatment of croup, M. Guersant places most reliance in calomel and alum.

Hôpital du Midi.—This hospital is for *men* affected with the venereal disease; it contains 320 beds, and gratuitous advice and medicine are given every day to the out-patients. Physician, *M. Puche*. Surgeons, *MM. Ricord*, and *Vidal*.

When syphilis first appeared (1493) the laws were very severe respecting it. By a decree of the French parliament, 1497, all intercourse was forbidden with those affected with this disease. The punishment for eating with, or speaking to, the infected was hanging, (*la peine de la hart*.) The patients were put into a prison, and subjected to corporeal punishment. In 1512, a house was taken for them, and after this, various hospitals were employed for the reception of these patients. They were treated with great brutality; four slept in one bed, and they were flogged before and after treatment. In the reign of Louis XVI, an amelioration took place, and at the present time these patients are treated nearly in the same manner as at the other Hospitals. The interior of this institution, however, presents a remarkable contrast with that of most of the hospitals of Paris. The beds are more crowded together, and they have no curtains, the wards are narrower and not so well ventilated, and the *tout ensemble* is wanting in neatness and comfort. The practice of M. Ricord, so celebrated for the treatment of the venereal disease, is much followed, and this morning, September 12th, (during the vacation), I counted 70 pupils at his *clinique*, many of them English and American. M. Ricord's manner of lecturing is very peculiar, but he is so animated and facetious that he cannot fail to gain the attention of his hearers. In addressing students, the dogmatical style is perhaps, the most captivating; but M. Ricord's older listeners, I suspect, on this account would be less likely to subscribe to some of his doctrines. M. Ricord makes lengthened observations to the pupils at the bed side, and delivers a *clinique* two or three times weekly. The subjects of the lecture this morning were the treatment of phagedenic ulceration, gonorrhoeal rheumatism, and syphilitic sarcocoele. M. Ricord, in the first, prefers the nitric acid (strong) to the potassa fusa, actual cautery, or arsenical paste; he believes that what is called gonorrhoeal rheumatism is not necessarily connected with gonorrhoea, and that it is generally a mere coincidence. In speaking of syphilitic sarcocoele, he dwelt upon the importance of persevering in the use of mercury, by which means he thought a great many testicles might be saved. Dupuytren, Lisfranc, and Sir A. Cooper had castrated their patients, when mercury, if properly given, would have rendered this operation unnecessary. M. Ricord, in indurated chancre, gives mercury, but not in simple ulceration. Mercurial frictions are seldom used, unless the mercury disagrees with the stomach. In all cases when chancre *first* appears, M. Ricord destroys the pustule with the nitrate of silver, or the

potassa fusa. The iodide of mercury is the preparation most frequently employed for internal administration.

Hopital St. Louis contains 800 beds, and is devoted chiefly to diseases of the skin, scrofulous syphilitic, and rheumatismal affections; there are also wards for accidents and surgical diseases. Physicians: *MM. Lugol, Gibert, Devergie, Cazenave, Bazin*: Surgeons: *Malgaigne* and *Nélaton*. Some of the wards of this hospitals are the best I have ever seen; they are about thirty feet high, and there is a space of five yards in the centre between the beds. Consultations are held every morning at eight o'clock, and those patients whose diseases require it, are admitted; the rest receive medicines and baths. More than 120,000 baths, fumigations and douches are administered yearly. I saw M. Bazin on two occasions prescribe for nearly 200 out-patients, most of them affected with skin diseases, and I was astonished at the comfortable apparel, general cleanliness, and good address of the patients. Eczema, psoriasis and scabies were the most frequent diseases. The two latter appear to be much more common in France than in England. M. Bazin cures scabies in one or two days, by frictions with sulphur ointment: a room is set apart for this purpose. I was surprized to see the facility with which M. Piogy an *interne* in the service of M. Bazin extracted the *acarus scabiei*. Bateman says "he never discovered this insect himself." I saw M. Piogy find it a dozen times with very little trouble. M. Bazin has tried very extensively the *Huile de Cadre* in skin diseases, and with great success. This oil is obtained by distillation from the *Juniperus Oxycedrus*, and was used by veterinary surgeons as an external application in the diseases of the lower animals. It is a dark coloured oil and smells a little like tar. It is used externally and also given internally. It is especially useful in psoriasis, lepra, eczema and porrigo. I saw several cases of psoriasis that had been cured by it. One man was quite well after using the remedy for six weeks. M. Bazin thinks it prudent to continue the internal administration of the oil for two or three months after the scales have disappeared. The smell and the effect upon the linen of the patient are the greatest objections to the employment of the remedy in private practice.—A curious instance of *vittiligo* presented itself among the out-patients; the man about fifty years of age; the skin partly-coloured, and mottled in various parts of the body; the light patches large and well defined. I saw a somewhat similar case in 1848, in the Meath Hospital, Dublin, under the care of Dr. Stokes; it made its appearance after the patient had bathed in the sea when heated by exercise.—A remarkable case of purpura: the man had been a month in the hospital, and appeared to be sinking, the skin was covered with blood patches, and there was hæmorrhage from the stomach. The patient had lost his situation during the last revolution, and this appeared to prey upon his spirits, and to be the sole cause of the disease of the blood: he died on the 14th, and M. Bazin had the parts preserved for my inspection. The lining membrane of the stomach throughout was of a dark leaden colour, and there were patches of this discolouration in various parts of the intestines. The surface of the brain was also dotted with ecchymoses: the heart and every other part normal: the blood fluid.

M. Cazenave is well known by a work on diseases of the skin, and

by his great attention to this class of diseases. I saw in his wards a case of *éléphantiasis des Arabes* in a young Frenchman who had always resided in France. The disease had existed for ten years; the leg and thigh were enormously swollen; the integument thick and rugous, with a deep ulcerated crack across the anterior part of the foot. A man affected with *molluscum* was in the same ward: the face was covered with tubercules, varying in size from a pea to a walnut, and the patient as may be supposed presented a remarkable appearance. M. Cazenave employs the hydro-chlorate of gold as an external application in many cases of ulceration. Sarsaparilla and the preparations of iodine and mercury are much used.

In the wards of M. M. Malgaigne and Nélaton, the cases of most interest were a transverse fracture of the os calcis. M. Malgaigne informed me that he had seen several examples in the dissecting room, but not in a transverse direction.—A woman had had an extraneous body in the œsophagus for several days. M. Malgaigne succeeded in pushing it into the stomach with an œsophagus tube: the patient was ordered to be bled from the arm as a precautionary measure.—A fracture of the neck of the thigh bone, in a man æt. 30. The thigh flexed upon the pelvis, and not in a direct line with the body.—In a case of fracture of the neck of the humerus, and both bones of the forearm; a compress was placed on the axilla, and the arm fixed to the chest by means of strips of adhesive plaister.—In two cases of engorgement and ulceration of the os uteri, M. Malgaigne applied the actual cautery; water was introduced into the vagina immediately after: the patients appeared to feel no pain. M. Malgaigne prefers this application to caustic: he thinks it less painful, and more efficacious.

In addition to the hospitals above mentioned, there are several others: Hôpital St. Antoine, Hôpital Cochin, Hôpital Necker, Hôpital Beaujon, Hôpital Temporaire de Bon-Secours, Maison d'Accouchement. Besides the hospitals for special diseases before described, there are the Hôpital de Lourcine, for women and infants affected with the venereal disease. The Salpêtrière for aged women; those affected with incurable diseases, and for the insane, the idiotic, and the epileptic. There are here 5,000 beds. The Bicêtre is an establishment of the same description for old men, and contains about 3,000 beds. Hospice des Incurables, for incurable men, and another of the same kind for women. Hospice de la Rochefoucault, for the indigent of both sexes formerly employed about the hospitals, and for those who can pay a small sum yearly. Hospice des Menages, for poor married people who have been housekeepers: the women must be 60, and the men 70 years of age. The Hospice des Enfants Trouvés is for the reception of infants who are deserted by their mothers: formerly children were admitted without any investigation, but now a certificate is given stating that the infant has been forsaken, and this certificate is examined by a Commissary of Police. There are likewise hospitals for the blind, lame, deaf and dumb, and others that have been established by private individuals.

Lunatic Asylums.—Besides the Bicêtre, Salpêtrière and Charenton, there are 57 asylums in the departments, and many private houses, all under the surveillance of the proper authorities; and they are visited

at certain intervals by the *Procureur de la Republique* of the district. The *Maison nationale de Charenton* in the beautiful village of that name near Paris, is one of the most interesting establishments I have seen ; it contains 500 persons of both sexes, and it serves as a model for other establishments. The patients pay : first class, 1,425 francs yearly ; second class, 1,125 ; and the third, 828. The *sisters of charity* are attendants on the female patients. The physicians, Drs. *Calmeil* and *Archambault* ; the latter was kind enough to give me a great deal of information. The restraint system is seldom had recourse to. I did not see one patient confined : amusements of various kinds are afforded to the inmates. Billiards, music and dancing are allowed at certain times, under proper restrictions. Dr. Archambault informed me that he considered the moral treatment the most important, and he used the warm bath generally in cases of preternatural excitement, with the best effect, the preparations of opium he avoided as much as possible. I observed that a species of sea-weed (*Zostère*) was used for the beds of the dirty patients ; it appears to answer the purpose much better than straw. The views from the various terraces of this house are beautiful, and are all open to the patients. What humility should a scene like this teach us ; the proud intellect of man reduced below the level of the brute, and the *cause* perhaps the derangement or alteration only of a few brainular tubes ; the clogging of one little wheel deranges the whole machinery. What a similarity does insanity present in all countries : the staring eye ; the cunning look ; the ready speech ; the determined step ; the sulky scowl, are the same in all latitudes. How careful should the government of every country be of these poor creatures ; how they *have* been treated up to a recent period, is a page of history not easily blotted out. On entering one of the rooms of Charenton, a man of fine face and noble proportions told me, he was *Henri-Quatre*, and seemed perfectly happy in the delusion ; another equally insane, but confident of his wisdom, pointing to the soi-disant king, said, "he is only a fool." I was lost in reverie, and after reverting to some of the vagaries of our profession, I asked, What is the difference between these men, and many who are called sane !

M. Roux, in speaking of the London Hospitals in 1816, says, "Notwithstanding that such a system may not be without some advantages ; yet there are still greater in having the numerous hospitals of a large city to constitute one whole, submitted to one general administration. Since this has been the case in the hospitals of Paris, how many ameliorations have they not experienced, which would not otherwise have taken place, or at least, until a much later period." I would go much farther than this ; I believe if the hospitals of London were all under government control, and the medical officers elected by concours, that there would be three especial advantages ; first, the funds would be so distributed that double the number of poor persons would obtain relief, and receive better attendance. Secondly, London like Paris would be frequented by foreigners for medical and surgical instruction. Thirdly, the benefits conferred upon medical science would be incalculable ; "honors would be purchased by the *merit* of the wearer," and not as at present with *gold* ; and the poor aspiring student, who now pines in obscurity, would have a fair field for his

talents. But the reader may ask, what grounds I have for this belief? I give him the names of a *few* of the celebrated men in our profession, who adorn the history of France; the grave has closed upon their labours, but their names are inscribed on the tablets of science.

Anel, Paré, Draviel, Ledran, Morand, Portal, Frank, Esquirol, Dessault, Peyer, Petit, Vauquelin, Fourcroy, Bichât, Lavoisier, Berthollet, Chevreul, Tournefort, Chaussier, Marjolin, Corvisart, Laennec, Legallois, Bielt, Gall, Bécлар, Dubois, Boyer, Dupuytren, Lisfranc, Broussais, Parent - Duchâtelet, Cuvier, De Candolle, Ollivier, Pinel, Jussieu, Billard, Larrey, Alibert, Geoffroy - St. - Hilaire, Guersant, Chopart, Blainville, Blandin, Baron, Capuron, Gay-Lussac. But let us turn to the muster roll of *some* of the living; Magendie, Orfila, Récamier, Amussat, Cruveilhier, Maisonneuve, Breschet, Flourens, Thierry, Becquerel, Bégin, Thenard, Pasquier, Chomel, Civiale, Velpeau, Malgaigne, Roux, Boyer, Guersant, Piorry, Bouillaud, Ricord, Cazenave, Gosselin, Chomel, Louis, Baudelocque, Jobert, Gendrin, Andral, Michon, Bazin, Lugol, Rostan, Cloquet, Fouquier, Guérin, Dumas, Latour, Trousseau, Rayer, Milne Edwards, Duméril, Leroy-D'Eteoilles, Martin-Solon, Pelletan, Robert, Royer-Collard, Devergie, Barthez, Riellet, Foy, Bouchardat, Blache, Vidal de Cassis, Cullerier, Nélaton.

I have not had time for research; but as a foreigner, I shall, I hope, be excused for some important omissions which I have probably made.

I do not assert that the French system of medical government is one that we should follow in every particular, but I believe that it is one far better than our own. The profession generally in France is anxious to abolish the officers of health, and to make other improvements which would be conducive to the public good. How many hints, both in politics and science, have we taken from our neighbours? how often have we improved upon them?

Before a correct estimate can be formed of medical and surgical treatment, it is important to consider four circumstances, viz. the climate, the diet, the temperament, and the habits of the people. When an Englishman enters a French hospital, he is struck with the quantity of sugar, and mucilage that is prescribed; he has as much relish for *soupe maigre* and *vin ordinaire* as for these *tisans* and *potions*, and he puts no faith in chicory, gum, or linseed. The *expectante* treatment does not suit his active habits, he likes to be doing something; idleness is not the characteristic of our countrymen. Such were my own feelings twenty years ago, when I first heard the words, "*Potion gommeuse*," in the wards of La Pitié. My opinion remains unchanged respecting the virtues of many of these *potions*, but one thing may be said in their favour, *they cannot do much harm!* I select a few extracts from my case book for 1829, respecting *some* of the practice at that period.

Union by the first intention is seldom or never practised, and when had recourse to, it is not according to the English method. Common brass pins with the twisted suture, used to unite wounds of the face and other parts. The lithotome caché, employed in lithotomy. — Brandy and water frequently injected for the use of hydrocele. For fixing a catheter in the bladder, a ring covered with cotton to which six pieces of tape are attached; two of these are tied to the catheter, and four to a bandage, which is carried round the pelvis.—

The system of bandaging much superior to the English method.—Cupping is often performed by dabbing the point of a lancet into the skin, and applying the glass over the punctures.—In bleeding from the arm the vein is opened in a transverse direction.—The tourniquet frequently not employed in amputations.—The actual cautery in frequent use.—Poultices generally applied to fractured parts for the first two or three days.—The flap operation often performed.—The surgical instruments (steel) much inferior to the English. Operations. Lisfranc removed a part of the lower jaw, for cancerous disease in two patients; pins were used; both the men died.—Two amputations of the leg, the uninterrupted suture, adhesive plaister, compress, and roller: both patients died of phlebitis. Saw Lisfranc remove the lower part of the rectum once, for cancerous disease, and the neck of the uterus three times; at this period, October, he had performed the former operation nine times, and he said, that six of the patients recovered.—Dupuytren, in several amputations, cut at once through the integuments to the bone.—M. Civiale extracted a small calculus from a man's bladder, by crushing: a piece of straw was found to be the nucleus.—M. Boyer removed some piles with the knife, and in operating for fistula in ano; a wooden director was introduced into the rectum, and the gut was divided upon it.—M. Roux performed several operations for cataract very dexterously.—In an operation for lithotomy, the *lithotome caché* used, the stone very large; the incision extended by means of a bistoury.—The operations although skilfully performed, not so successful as in England; low diet, grease, charpie, and open wounds the most likely causes. The medical practice very inert compared with the English system. Tisana, potions, and syrups, are prescribed in great abundance. Baths, of various kinds, are in general use, and leeches are very frequently employed; in a case of acute rheumatism of the knee, I heard Lisfranc order 100 to the joint, —the next day the patient was convalescent.

M. Dupuytren bleeds largely in dry gangrene, believing the cause to be arteritis.—M. Chaussier applies the extract of belladonna to the os uteri to dilate it; and he gives *nux vomica* in paralysis, not depending upon disease of the brain, and spinal cord. M. Louis, says, "in paralysis the patient is frequently sensible when the hand is lightly applied to the part, although he does not feel pain when the skin is pinched." Dupuytren, in nervous delirium after accidents, uses the liquid laudanum of Sydenham, in the form of lavement.—M. Bielt, at St. Louis, employs Fowler's solution of arsenic, to a great extent.—The diagnosis of M. Louis, in chest affections, by means of the stethoscope, is generally very correct. In Paris, the diagnosis of disease is more accurate, and pathology is cultivated with much greater zeal than in England.

But what changes have taken place since 1829? Union by the first intention *then*, seldom tried, is *now* frequently employed, and I believe the operations are more successful. The practice of uniting some wounds by means of pins still followed.—The simplicity of the English mode of dressing not yet arrived at, and grease and charpie are in the ascendancy with most surgeons.—Operations practised as in this country, without regard to statistics—without asking the important question, How long will the patient live in his present condition, and if the disease is not prejudicial to life, *am I justified in*

performing the operation, when I find that 1 person in 10 or 20 has died after it?—The abandonment of Lisfranc's operations before alluded to, should teach surgeons a lesson respecting "*heroic cutting.*"—M. Roux removed five tumors from the neck (bronchocele) and four of his patients died : a sufficient mortality I think to warrant the abandonment of the operation. The question is not, *will* an operation succeed? but, how often is it *likely* to succeed? In cases where death is *inevitable*, this question need not be asked : *extreme* measures I think are then justifiable.—These are questions that must hereafter engage the attention of medical men : not *one* operation, but 100 or 1000 must be the guide, taking at the same time all *important matters* into account.—Chloroform is generally used at the French hospitals, and considering its frequent administration, but few accidents have arisen from it ; but here is another momentous question that has yet to be decided : take 1000 surgical operations, or 1000 cases of midwifery, with, and without chloroform, what will *ultimately* be the result?

I could not learn that pressure for the cure of popliteal aneurism had ever been *properly* used ; and the ligature of both ends of a bleeding artery is not thought so important as in England. The plan of interposing extraneous bodies between the ligature and the artery, and the employment of two ligatures, is nearly abandoned. M. Velpeau not long since, tried galvanism for the cure of popliteal aneurism ; the man died. The speculum is generally used ; the French, very properly I think, preferring two senses to one. Various opinions respecting the microscope ; some not attaching much importance to it. The actual cautery, frequently applied, with great benefit and very little pain. The *serre-fine*, a substitute for the suture and adhesive strap, is thought much of by some ; but it does not, I think, afford the same support as the plaister. Lithrotrity more practised than in England ; and flap amputation less frequently had recourse to than formerly. Mercury much used in syphilis, by some ; by others, not employed.

M. Ricord informed me, that he had not seen disease of the bones produced by mercury, and that he had met with numerous cases of caries of the bones where mercury had not been given. I was also pleased to hear him confirm an opinion that I have long formed respecting, what is called pseudo-syphilis. The disease attributed to mercury, I believe, is a *combination* of the syphilitic and mercurial actions. How happened it fifty years ago, when mercury was given to an enormous extent, for supposed liver affections, that these symptoms did not appear? but especially let me ask, are the workmen in the quicksilver mines, whose bodies are saturated with mercury, and who often have mercurial tremblings, so affected?

It would be difficult to give a description of the medical treatment generally ; black and white, as in England, being the prevailing colours. Bleeding is more practised in Paris than in London ; but less than it was twenty years ago. I now bring these hasty sketches to a termination ; they are written without much thought or meditation, and probably contain some few errors of number—many perhaps of opinion.

The sketches of London, Dublin and Edinburgh, will be finished in the next Journal.

21, Parliament Street,
Sept. 27th. 1850.

LONDON MEDICAL EXAMINER.

NOVEMBER, 1850.

RECEIPTS AND EXPENDITURE OF THE ROYAL COLLEGE OF SURGEONS OF LONDON.

ONE of the Council of this College, who has taken a prominent part in medical politics, and who has been "blowing hot and cold" for several years, has recently said, "I care not whether they give the fellowship to men of ten or fifteen years' standing, all I know is, we must get £10,000 somewhere." We beg of the reader to bear this statement in mind, and we especially direct the attention of the "old fellows" to it, who would buy the fellowship for ten guineas. For appearance sake, this College, the year before Mr. Warburton's Parliamentary Committee, 1834, first published its accounts, but these are so mystified that no useful information is afforded to the members. Being desirous of seeing how the money had been expended, we wrote to the Council on the 16th of *January*, to ask permission, as a *member*, to inspect the accounts. On the 17th of *May* (rather a long interval) we received the following answer.—

College of Surgeons, May 17th, 1850.

SIR,

IN reply to your request, to be allowed to inspect the accounts of this College, in order that you may, as you state, see how the money has been expended for the last twenty years; I am directed by the Council to inform you, that the annual account published by them, to which you refer, contains all the information which the Council deem it proper should be published respecting the income and expenditure of the College.—And I am desired to add, that the Council cannot permit you to inspect the accounts of the College.

I am, Sir, your most obedient servant,

EDM. BELFOUR, Secretary.

We stated in our letter that we were especially anxious to know how much Mr. Bransby Cooper and the late Mr. Liston (both councillors) received for their anatomical and pathological preparations? We believe that a large sum was given for these preparations, but we were present at the sale of poor Mr. Langstaff's Museum, when Mr. Cliff was buying specimens for the College of Surgeons for a less sum than the bottles originally cost. We also requested to ascertain what Mr. Lawrence and others received for the delivery of the Hunterian Orations, &c. We should like to know how much money the examiners put into their pockets? how much is spent upon dinners? and about many other matters which the *members* of the College—the "*lower grade*" men, we suppose—are not thought to be sufficiently intelligent to understand. If the proceedings of this Council were conducted in open day, we suspect that some of the members, who boast of their *liberality*, would cut a very sorry figure. We should like to see them in the *light*. We now give some of the items for the last sixteen years, and we leave it to the reader's *imagination* to make the "*proper*" divisions, and to supply the deficiencies.

The receipts in these sixteen years were £234,322 19s; the expenditure £247,935 9s 9d. In 1834 the permanent income from government stock, &c. &c. was £2,034 4s 4d; in 1849, £951 3s 3d. In 1843 the Court of Examiners received £14,093 11s; in 1849,

only £7,508 7s. For the four years preceding the obnoxious charter the receipts were for diplomas £54,214 14s; for the last four years they have been only £31,441 8s, exclusive of £1,176 for the fellowship. Again, the library expences in 1840 were £1,945; in 1849, £422 13s 11d; and during the last eight months, only four books, exclusive of periodicals, have been purchased. Lectures, Orations, Jacksonian prizes, &c. £3,220 14s. College department, including examiners' fees, £97,336 6s 4d. Miscellaneous, £11,514 1s 8d. But the most curious item in these confused figures is £83 for the release of members—gentlemen who have paid to get absolution from surgical knowledge.

Now, reader, if you are a member of this College, ask yourself whether you do not think it "*proper*" that you should know how your money has been spent? If it be "*proper*" that the members of the Veterinary College should possess this right, why are *you* denied it? But especially ask yourself, what benefit you have derived from the expenditure of this enormous sum of money? a sum that would, if judiciously employed, have conferred inestimable benefits upon medical science. Look to the Academy of Sciences, and to the National Academy of Medicine of Paris. What have they done for medical science with a fraction of these resources?

In concluding this article, we think it right, at this *particular crisis*, to caution our readers against College statements. Mr. C. Hawkins told Prince Albert, at his oration in 1849, that 5,808 persons had been admitted to the library during the year, but in this calculation, (we speak from the book,) if *one* person entered two hundred times, he was multiplied to this amount.—The College Council have recently told Sir G. Grey, (Aug. 20th.) that "there are *some*, and the Council believe that they are not numerous," who are merely members of the Apothecarie's Company. We have shewn that there are 251 in London, and 787 in the provinces who have this diploma only, and probably two or three hundred more may be added to these.—Dr. Gregory told the Governors of St. Thomas' Hospital, and the rest of his auditors, at his introductory lecture, Oct. 1st., "that from 1840 to 1844, 2,763 students had obtained their diplomas at the College of Surgeons, and the number had *gradually augmented since that period*." When told of this innocent mistake after the lecture, Dr. Gregory said, "he was not certain about these statistics, but he would scratch them out!" We caution the general practitioners against *all* College "touters," whose object is, to get them into their *clutches*, by compelling them to undergo an examination at the Colleges of Surgeons and Physicians.

INTRODUCTORY LECTURES.

Our cotemporary the Editor of the Medical Times appears to be overstocked with these productions, sent by the orators themselves, unasked for. No less than five learned doctors, the same number of surgeons, and one professor; and the names of Brodie, B. Cooper, Forbes and Gregory, appear in this list.

We had the honor of hearing the address of Dr. Gregory at St. Thomas' Hospital; he spoke of a *paternal* government, and of the

Chirurgical Society even, has not been guilty of an absurdity of this kind. The honorary fellows here, are kept in the back ground. We make these remarks with the best intentions, and with the best wishes for the prosperity of the Society. We tell the general practitioner to see that his own *class* is properly represented; and we ask him to look to the Councils of the Medico-Chirurgical, the Sydenham, and the Pathological Societies, and observe how many of the so-called "*lower grade*" are upon them?

A CASE OF FISSURE OF THE PARIETAL BONE FROM (SUPPOSED) UTERINE ACTION, AND DEATH FROM LACERATION OF THE UMBILICAL CORD AND HÆMORRHAGE.

By Robert Cream, M.D., M.C.S., Ed. and L.A.C., Rushall, Wiltshire.

On the eighth of June, 1850, a dead infant was found concealed in a close-stool; the woman suspected, confessed she was the mother; the child was covered with fine leaves, and was born in a plantation. I was called upon to examine the body, and direct the jury to a verdict, which I did by saying, 'that in my opinion death was occasioned by hæmorrhage from the umbilical cord, which was lacerated and not tied.'

This case possesses many points of interest, especially to the general practitioner. The child was well formed, and above the average size; there were no marks of external violence; the body was very blanched, and appeared bloodless; the umbilical cord was untied and lacerated. On making a post mortem examination of the body, which was perfectly fresh, there was satisfactory evidence that the child had breathed; the lungs were fully expanded, they were of a light red hue throughout; crepitation was distinct, and they entirely filled the chest; all the other viscera were healthy, but bloodless. On removing the scalp, there was found on the prominence of each parietal bone, an ecchymosed spot, immediately over a fissure in the bone, which extended about an inch from the upper edge in a vertical direction; on the inside there was a corresponding extravasation between the bone and the dura mater; the dura mater was sound, and the brain appeared perfectly healthy.

The most important points in this case, are the fissured parietal bones, the lacerated cord, and the anæmic condition of the body. Every accoucheur is aware, that great violence may be done to the head during child-birth, without causing fracture; it is however beyond a doubt, that the expulsive power of the uterus, by forcing the head against the bones of the pelvis, may cause fracture. In the present case, had the fractures been the result of *external* violence, the bones would have been driven into the brain, and not remained in position merely fissured. Taylor in his work on Medical Jurisprudence states, apparently on the authority of Dr. Schwörer of Freeburgh, that these accidental fractures are generally mere fissures beginning at the sutures; and he quotes a case from the same author, where a child was received into his, Dr. Schwörer's hands at birth, so that he was certain no external violence had been sustained, and on removing the scalp, there was a large extravasation of blood beneath

the fissures, between the bone and the dura mater. I consider the present to be a parallel case to the one above quoted, and that the child died of hæmorrhage from the lacerated cord, as evidenced by the blanched and anæmic condition of the body, and negatively by the absence of any other apparent cause of death. Formerly it was questioned, whether death would result from a lacerated cord ; but it is now generally admitted by all medical jurists, that it may happen even *after* respiration has been completely established. The question as to how, or by what means, the cord was lacerated, I will not now dwell upon, as I cannot see that any particular good can result from the enquiry ; no medical witness, I imagine, would say, that it was not caused by accident, and that the mother, if unassisted, might not be sufficiently conscious to tie the cord.

ON THE DIAGNOSIS AND TREATMENT OF SCABIES ; OF ITS NON-TRANSMISSION FROM THE LOWER ANI- MALS TO MAN, AND VICE VERSA.

By M. Gérard Piogey, *interne* in the service of Dr. Bazin, Hôpital St. Louis ; member of the Medical Society of Observation, and of the Anatomical Society of Paris.

Notwithstanding the discovery of M. Renucci, who classes definitely the *acarus* amongst the human parasites, it is not generally believed, that it is a sign which serves as a basis for diagnosis, and for the proper definition of scabies.

I will first speak of the vesicle. In the elementary treatise on skin diseases of MM. Cazenave and Schédel, (edition 1847,) scabies is again classed amongst the *vesiculæ* ; with herpes and eczema. The same authors state that the vesicle alone is sufficient to distinguish scabies ; but to make this diagnosis available, it is necessary that authors should agree in their description of the vesicle ; but about this, they differ, as I wish to shew in canvassing the opinion of MM. Cazenave and Schédel, as well as that of M. Bourguignon, who is the author of an excellent work on the entomology of the *acarus*. The first authors properly admit the acuminate, papulous vesicle as the type of scabies. It commences with a little red pimple ; and on the second day of its appearance, a small citrine coloured, non-transparent vesicle is seen, which should be opened with a needle, to determine the consistence of the serum, and to ascertain that it is vesicular. On the fourth or fifth day the serum is absorbed, and there is a furfuraceous exfoliation of the epidermis. Such is the description of the vesicle in all the stages of its evolution. M. Bourguignon confines himself to the first period of the vesicle, viz. the papular. These papulous vesicles spread themselves over nearly all parts of the body ; but principally on the anterior surface of the fore-arms and hands ; on the fore part of the chest, and belly, and on the thighs and legs. In the last situations they are larger than in other parts. M. Bourguignon describes the vesicle as pearly ; but it presents this appearance only on the hands and between the fingers, chiefly in the feet also, where there are wrinkles in the skin. This vesicle, which is as large as a millet-seed or a hemp-seed, is spherical and transparent ; and as have before remarked, is seen on the hands and feet, and on no other part.

I do not admit that scabies is a disease ; it is an irritation of the skin produced by an animalcule, (*acarus scabiei*.) which manifests itself by a little furrow between the layers of the cuticle, or under the epidermis, according to its seat. I do not acknowledge either vesicular, papular, or pustular scabies. The only pathognomonic sign to which any importance can be attached, is the burrow which was first correctly described by M. Albin Gras. All skin diseases may be complicated with scabies, whether they be caused by external irritation, a specific poison, or whether they appear spontaneously : eczema, prurigo, impetigo, lichen, herpes, psoriasis and syphilitic eruptions may all exist with scabies.

Of the Cuniculus.—M M. Albin Gras and Bourguignon have observed on placing the acarus on the arms of others, as well as on their own, that on the following day the *sarcopte* buried under the epidermis is seen ; the acarus can proceed forwards, but it has not the power to retrograde in its burrow. For a long time the burrow has been described as seated in the hands and feet, rarely in other parts. From attentive observation I am convinced that the burrow may be seen in all parts of the body, except the face, where I have never met with it, although in three hundred persons affected with scabies I looked for it with *especial* care. The burrow observed in the hands and feet, particularly where the epidermis presents a certain thickness, is furrowed between the epidermic layers, and has no surrounding redness. The cuniculus is sinuous, semicircular, or irregularly curved ; unless it occupies one of the natural folds of the skin : its length is from two to three millimetres, or from three to four centimetres. On the hands and feet the burrow presents to the naked eye the aspect of a little line, having at one extremity an epidermic elevation, rarely a vesicle. This is the commencement of the burrow. At the opposite extremity is a little whitish, opaline, rounded point : this is the habitat of the insect. Between these two extremities is the line which constitutes the burrow ; it appears to be perforated at certain distances with a fine point of a needle ; each perforation placed at an equal space from the other forms a minute black speck. By the assistance of a lense, each epidermic scratch appears larger, and each little black spot is seen to be a circular perforation of the external layer of the epidermis. The perforations are separated from each other by a slight elevation of the superficial layer of the cuticle. The burrow, then, is a minute covered trac, presenting at regular distances, small perforations, which, according to M M. Albin Gras and Bourguignon serve to shew the number of days the insect has taken to form its cuniculus : every twenty-four hours it makes the bridge between the two holes. When the cuniculus is in connexion with a vesicle, the cuniculi do not communicate one with the other. The cuniculus is sometimes placed upon the vesicle, and when the insect is on the convexity of the vesicle, it may be extracted without disturbing the serum.

The cuniculi in the hands and feet are intra-epidermic, and are never accompanied by congestion of the dermis ; but when the epidermis is thin, this congestion exists, as the insect is below the cuticle. On the sexual organs of man, and on the nipples of women, the cuniculus is under the epidermis ; and when this is the case, there is always a congestion of the dermis, which forms a red, lenticular,

hard, projecting papule. The burrow on these parts has no similitude to that on the hands and feet ; it forms a line which resembles a fine pin-scratch ; there are no epidermic perforations, but it is situated over a red, hard, elevated papule, which simulates somewhat a mucous patch. The frequency of the cuniculi on the penis of man, and their resemblance to the mucous patches (*accidents siphilitiques secondaires*) merits the greatest attention. On the nipples of women the cuniculi have the appearance of a scratch ; they do not form a papule, but are seated on a congestion of the epidermis, and in some cases a kind of eczematous or impetiginous secretion is formed. My object has been to shew that the cuniculus varies according to its situation, and that it is not confined to the hands and feet. It is easy to explain the method by which the insect is conveyed to the penis. The hand is necessarily applied to this organ several times in a day during micturition, and hence the transmission of the insect. In some men I have seen scabies better marked on the penis than on the hands.

To recapitulate. The cuniculus is the pathognomonic sign of scabies ; the vesicle an effect of the puncture of the acarus ; and the eruption according to its duration, may present numerous complications ; thus those affected for several months may have impetiginous and eczematous pustules, &c.

The statistics of 115 men and 14 women have given me the following results. All the men had the cuniculi on the hands, and the greatest number of the cuniculi were not in connexion with the vesicles. The number of cuniculi varies much ; sometimes I have remarked only two or three, at others I have counted more than 100 on one hand. Seventy men had the affection on the genital organs, presenting the appearance before described : the acarus is much more difficult to find on these parts than on the hands. 38 had pearly vesicles on the hands. In 115 the vesicles were acuminate and papular. In 5 the cuniculi on the penis were seated upon large impetiginous pustules, and it was difficult to find the insect. In 3 the cuniculi on the feet resembled exactly those on the hands ; 3 presented large red papules in the arm-pits ; 2 had the nipple red, painful, and hypertrophied from the presence of the insect on this part. Twice I met with the acarus on the umbilicus and the knee. Of the 14 women, the hands were affected in all ; the nipples in 7 ; the feet in 3 ; all had acuminate, papular vesicles ; 8 had pearly vesicles, and generally not in connexion with the cuniculus ; one woman presented cuniculi on the feet, and on no other part of the body.

TREATMENT.—I do not propose to point out all the substances that have been employed for the cure of scabies. I have shewn that this affection *always* depends upon the presence of an insect ; and if we destroy this insect, a cure must be effected. I wish especially to insist on the importance of the *method* of employing friction. In April last a man came to the *Hôpital St. Louis*, with a secret remedy for scabies, which he boasted would always cure the affection in two days. M. Bazin, after allowing the ointment to be tried, came to the conclusion, that it was not so much the ointment which cured, as the method of rubbing it on the skin. The Pommade d' Helmérich employed in the same manner, gave the same results. General frictions

with the *Huile de Cade*, were equally successful. Our mode of treatment, is as follows : after the patient has taken a bath, he is rubbed in the evening for ten minutes, or a quarter of an hour, and the frictions are employed on every part of the body, but especially upon those parts where the eruption is most abundant. On the following morning the frictions are renewed, the patient keeping in bed. The next morning a bath is taken ; and this is all the treatment required. Some physicians recommend general frictions in all cases ; but others, think we should be guided by the extent of the eruption, and the parts affected. Whatever the extent of the eruption, general frictions with the alkaline sulphur ointment of Helmerich* should be employed. It is essential to destroy the acarus, which acts like a thorn in determining an inflammation ; remove the thorn, the irritation ceases. Kill the acarus ; the complications disappear. One example will suffice to convince the most incredulous. A patient lately presented himself at the Hôpital St. Louis, who had scabies complicated with eczema, impetigo and ecthyma ; these inflammations were so severe, as to prevent the use of the fore-arm. Two general frictions with the ointment were made ; and in four days the patient resumed his usual occupations. Often after the general frictions, there is an eruption of vesicles resembling scabies, a matter of no importance ; if the frictions are continued, the eruptions will increase ; but a few warm baths will soon disperse them.

Of the transmission of scabies from the lower animals to man, and vice versa.—From observations made by M. Bourguignon, at which I always assisted ; it resulted from numerous experiments, that scabies could not be communicated from man to the dog, cat, or rabbit ; the scabies of the horse cannot be communicated to man. Observe the result of these experiments made at the Hôpital St. Louis. The human acarus during a period of two months was placed every eighth day, on the belly of the dog and rabbit ; slight erosions were observed, and the animals appeared to be affected with itching ; but two months after the last application of the acarus, the animals presented neither eruption, nor itching. The horse is the only animal from which we were able to procure the acarus. This was applied at different times to the arms of healthy persons, under a watch-glass. On the following day, the insect was generally found dead, sometimes alive, but it had never formed burrows. It produced however an eruption, commencing with a papule and terminating in a vesicle. Very often persons have presented themselves at the hospital, who believed that they had taken scabies from their dogs or cats. Sometimes I have found the human acarus ; at other times, a porriginous eruption over the body. In the latter case, no cuniculi could be discovered, and simple baths for seven or eight days, soon dispelled the eruption. I have observed often in dogs, said to be affected with scabies, an eczematous eruption, but never the acarus.

I now terminate my communication on scabies, reserving this subject for the thesis, for my doctor's degree. This, which will contain

* This is composed of Sublimed Sulphur 200 parts; Subcarbonate of Potash 100; and Lard 800.—*Translator.*

matter, not mentioned in the foregoing paper, I will do myself the pleasure of forwarding to you.

24, Rue Buffault, Paris.

Sept. 1845.

Dr. Crisp, the translator of this paper, saw M. Piogey frequently extract the *acarus* at St. Louis, with extraordinary dexterity. A woman presented herself, who was supposed not to be affected with scabies, but after a very careful examination, M. Piogey discovered the pathognomonic line, and extracted the *acarus*. I may remark that scabies is more frequent in the young. At the hospital of St. Louis in 1820, according to Mouranval, out of 1867 persons affected with scabies, 1342 were between the age of 15, and 25; there were also 18 infants at the breast. I believe with M. Piogey, notwithstanding the assertion of most English writers, that the *acarus* is *always* present in scabies.

HOSPITALS OF PARIS.

The following should have been appended to the Sketches of these, in the last number.

Surgical Instruments.—A great improvement has taken place in the manufacturing of surgical instruments; twenty years ago it was difficult to procure a good bistoury, and all the cutting instruments were of an inferior description; but now many of them are nearly as good as the English, and much cheaper. I inspected the workshops of M. Charrière in the *Rue de l'Ecole de Médecine*, one of the largest establishments of the kind in Europe; 75 men and 6 women are employed on the premises, and there are several workmen out of the house. There is a steam engine which is adapted to many purposes. The men earn from 4 to 7 francs per day. M. Charrière uses English steel, and hence the improvement in the cutting instruments. The French surgeons are much better supplied with instruments than the English, and this perhaps will account for the number of surgical instrument shops in Paris. There is a great variety of specula, and some of them are very ingenious; no prejudice exists against this instrument in France. The *lithitome caché* is often used in the operation for lithotomy, but lithotritry is generally preferred; the long forceps are almost always employed in midwifery. I saw only one pair of the short. M. Charrière shewed me an ingenious pair of forceps of his own invention, for reducing dislocations of the thumb. I met with no instrument in Paris, for the cure of aneurism by compression.

SKETCHES OF THE MEDICAL SCHOOLS, HOSPITALS, PERIODICAL MEDICAL LITERATURE, &c. OF LONDON; DUBLIN AND EDINBURGH.

By Edwards Crisp, M.D.

Before I commence these sketches, I may state that my chief object in placing them before the medical public, is a *political* one. For more than twenty years, I have been convinced that the system of medical government in this country, is fraught with incalculable evils,

both to the profession of medicine, and to the public at large. These are not opinions hastily formed—the growth of a day, but they have been confirmed by years of experience and observation, and have remained unaltered to the present time. I am also anxious at starting to put myself right with the reader in another matter. If the acts of public men in our profession are censurable, it is the *government* that is most to blame for allowing them the objectionable power which they possess ; for permitting the *few*, to govern the *many*, and for making our hospitals and lecture rooms places of barter and sale, instead of arenas (as in France) for industry and talent. I fully agree with Mr. Lawrence, “ *that self elected and irresponsible bodies, have always been found the most unsafe depositaries of power;*” and I moreover believe that the brawler for medical reform, when he gets the sweets of office, is very likely to keep them to himself ; but I would so legislate, as to make all our schools and hospitals, hives for the working bees, and they only—not the drones—should get the honey. If the reader think me sometimes wanting in courtesy, and gentlemanly feeling, I tell him that my desire is not to study fashion, and etiquette—not to please any man, or class of men ; but to unmask a system which when exposed, and brought to the light of day, must be condemned by every well-wisher to his country, and his profession.

In the second number of this Journal, I have described the 26 diploma shops in the United Kingdom, where parchment may be bought at various prices. I have with much pains and labour, given the statistics of the profession as accurately as I could obtain them ; and I have shewn how its members in England, Ireland and Scotland might be united into three Faculties or Brotherhoods. I have demonstrated the practicability of the scheme, by giving the names of some, who might form the examining board in England ; and I likewise take credit to myself for being the first to point out publicly, the injustice of excluding provincial practitioners from the council and examining boards of London. According to my plan, the present institutions may continue to grant degrees ; but *all* who practise medicine or surgery, must after a given time, undergo the examination at the Faculty.

Hospitals of London.—In France, ask how a man has obtained an hospital appointment or a post of honor ; the answer is, by talent and industry, tested by public competition. Trace the progress of Dupuytren. In 1804, he beat Roux and others, at the Concours, and was appointed to the Hotel-Dieu. In 1811, he gained the chair of operative surgery by *concours*. From 1804, to within a short period of his death, he rose at 5 ; was at the Hotel-Dieu from 6 to 9 ; delivered a *clinique*, and saw his hospital patients again in the evening. He left 2,000,000 of francs for the support of the Museum that bears his name. He was carried to his grave by his pupils ; men of science followed his remains, and hundreds of the poor shewed their respect for his memory by attending his funeral. When the body of Beclard was borne to its last resting place, more than two thousand students, with the professors of the Faculty of Medicine and the physicians of Paris, did honour to his obsequies. But it will be asked, What has this to do with the London hospitals ? I answer the question by asking, Have the hospital officials in England, been so honoured ?

And why? Because they often obtain their appointments by interest, intrigue, and money. Start not, gentle reader, but listen to the following dialogue, between a city merchant, and a hospital surgeon.

“Merchant.—I have called, Sir, to ask you your terms for apprenticing my son to you, as an hospital surgeon? Surgeon.—A thousand pounds, Sir. M.—A large sum, Sir, but I suppose the advantages are great? S.—I should think so. Look at it as a *speculation*: your son is my apprentice, and in the ordinary course of things, if he plays his cards well, he must be assistant surgeon; then surgeon. But listen, Sir; he will become a lecturer, one of the Council of the College of Surgeons, and probably an examiner; and there are fine pickings here, Sir. But see the advantage this *position* gives him in *practice*; *how many of his old pupils will put fees into his pockets*. But I have forgotten, you are one of our governors, and as a man of business can understand all this. M.—Oh yes, but I never before saw the matter in so clear a light. I accept your terms, but I fear John (you know him) is not a very bright boy. S.—Poh, poh, don’t talk about brightness; between ourselves, there are many dull men amongst us: your son will do.” The bargain is struck, the money paid, and all John’s subsequent honors may be traced to the 1000*l*. Many years since, I thought of becoming a candidate for the office of surgeon to a Dispensary. The secretary told me “if I *made votes* I could get the appointment.” I looked at it as a matter of speculation, and declined the contest. I mention this that the reader may not suppose that I claim to myself, *honesty above my fellows*.

There are ten hospitals in London to which medical schools are attached, besides hospitals for special diseases, and numerous dispensaries and infirmaries, most of them supported by voluntary contributions. As these are enumerated in the weekly journals for October, and in the Medical Directory, I shall only notice the hospitals for instruction, or those licensed by the authorities.

Hospitals.—*St. Bartholomew’s*, formerly the Priory of St. Bartholomew, was founded anew and endowed by Henry VIII. who gave annually 500 marks, provided the city paid the same. The contributions of private individuals have added immensely to its funds. It contains 580 beds. According to the Medical Register, 1779; from 1778 to 1779, 3640 patients were cured, 134 died, and 416 were under cure; out-patients, 5798. The report for 1849 is as follows: In-patients, cured and discharged, 6146; deaths, 432, exclusive of 198 deaths from cholera. If these statistics are correct, the *mortality is greater than it was seventy years ago*.

St. Thomas’s was founded by Edward VI. in 1553, and its funds have been greatly increased by the donations of private persons. It contains 520 beds. In 1779, 2991 patients were cured, 466 were under cure, and 187 died. The following is the report for last year, copied from the Times newspaper. In-patients, 4737; died after much change in their sickness, 301; under cure, 417.

Guy’s was founded in 1721, by Mr. Guy, a bookseller, who left 240,000*l*. towards its endowment. This is one of the richest hospitals in London. It contains about 560 beds.

The following hospitals are supported chiefly by donations and subscriptions. The *London* (320 beds) was instituted in 1740, and

incorporated in 1758. The *Middlesex* (285 beds) founded in 1745. *St. George's* (320 beds) opened in 1784. The *Westminster*, instituted 1710 (174 beds). The *Charing Cross* (beds 100) established 1834. The *University College* (beds 120) founded in 1833. The *King's College* (beds 120) established 1839. I am not acquainted with the names of any hospital surgeons or physicians who have left money to these establishments, *although their fortunes have generally been made by their means.*

It will be seen that the above hospitals, contain about 3000 beds, and, as far as I can learn, about two-thirds of the patients are affected with (so called) surgical, and one-third with medical diseases. So that this vast metropolis, numbering more than 2,000,000 inhabitants, affords (exclusive of special diseases,) only hospital accommodation for about 1000 medical cases.

Accidents are admitted at all hours, but persons labouring under internal maladies are generally only taken in, once a week, a practice attended with *incalculable* evils to the sick poor: acute disease does not wait for the doctor, and if these hospitals were under proper government, control and support, such a law would be at once abrogated; but until we get efficient reform in the House of Commons, and some liberal men of our profession amongst its members, these ameliorations are not likely to take place. A committee of inquiry is much needed. And the most important questions are these: What is the effect of the present system of hospital government, both as regards the welfare of the sick poor, and the advancement of medical science? Has not the income of these hospitals, in many instances, been misapplied by the governors, and could not a much larger amount of good be effected, by a more economical distribution of the funds? Is there a member of the House of Commons who will move for a committee of inquiry?

If our hospitals were under the control of Government, I ask, would one of these institutions (Guy's) with enormous funds, be allowed to close its doors against the poor, when dying around in thousands, of cholera? Would Mr. Lawrence be permitted to sell his dresserships for fifty guineas, and put the money into his own pocket? Would the selection of the dressers be like oxen in the neighbouring shambles, and the care of the poor be left to those often with more money than brains? Would the medical attendants of Bethlem Lunatic Asylum (a Royal hospital) be permitted to exhibit the poor creatures for the charge of three guineas? Would the cry of Catholic, as on a recent occasion at St. Thomas's Hospital, be sufficient to deprive a physician of his election? Would the funds of some of these hospitals be diverted from their original purpose, for the support of the Medical School?

These are matters that must hereafter engage the attention of a reformed House of Commons. The enquiry, like that of the Royal Commission for the Universities, will meet with much opposition from the men who talk about "*vested rights*," but they will not be able to resist the voice of reason, and the progress of liberal opinions. What an outcry some of these gentlemen made against the registration of deaths; but what incalculable benefits is this system likely to confer on medical science, and on suffering humanity! Let the following

extract from the Registrar General's Report for last June, respecting the mortality at the public institutions of London, bear witness to the truth of my assertion.

The deaths in the public institutions of London have been published every week during the present year. It was thought desirable to have, at given dates, a return of the number of inmates, for comparison with the deaths. This the Registrar General has been able to procure through the co-operation of the Poor Law Commissioners, of the Lunacy Commissioners, and of the government bodies and officers of the hospitals and other charitable institutions. With the same assistance, the Registrar General hopes that he shall be able to continue, and to render this return more correct than it is at present. The most general view of the public and charitable institutions of one of the greatest cities in the world, cannot fail to be as useful as it is interesting.

The public institutions of London contained 40,783 inmates in the quarter ending March 31st, 1850; namely, on an average of the two periods given in the table, 3,579 in the military and naval asylums, 670 in military and naval hospitals, 23,972 in the workhouses, 3,067 in hospitals for the treatment of common diseases, 3,849 in lunatic asylums, and 5,435 in prisons. Of 10,000 inhabitants, 108 are in workhouses, 24 in prisons, 17 in lunatic asylums, 14 in hospitals; 183 in one kind of public institution or other. In other words, 1 in 93 of the inhabitants are in workhouses, 1 in 726 in hospitals, 1 in 578 in lunatic asylums, 1 in 410 in prison.

The deaths are in very different proportions: of 13,219 deaths in London during the 13 weeks, 2,363 took place in public institutions. This is 18 per cent of the total deaths. If the proportion should continue the same, it will follow that 1 in 5 or 6 of the inhabitants of London ends his days in a public institution, 1 in 10 in the workhouses, 1 in 21 in hospitals, 1 in 102 in lunatic asylums; and taking adults only, the proportion of deaths in public institutions is much greater.

After much suffering and much struggling, in the last stages of their illness, in weakness and in poverty, great numbers are carried to the London hospitals and to workhouses. The division of the deaths by the population of such institutions for the reception of the sick naturally exhibits a high ratio; and the resulting mortality is very different from that which the whole population exhibits. Thus, there are districts of England in which the annual mortality does not exceed 17 in 1,000; in all England the annual rate of mortality was 22 in 1,000; in London, 1838—44, the annual rate of mortality was 25 in 1,000; in the first quarter of 1850 it was at the rate of 24 in 1,000 annually; in the same quarter the mortality in the public institutions was at such a rate that if it continued uniform for a year, 230 would die to 1,000 inmates. The mortality was 23 per cent.

Hospitals.—The annual rate of mortality in the general hospitals was 82 per cent, in the consumptive hospital 82 per cent, (that is, as Mr. Farr informs me, 82 during the year, in every 100 beds,) in the fever and small-pox hospitals about 302 and 304 per cent: in the lying-in hospitals the mortality of the women and children has not, this quarter, been distinguished. No inference should be drawn from the return in respect to the mortality of particular hospitals; thus, as at King's College Hospital, the mortality may be high from patients having been received in a dying state, or from an accidental concurrence of circumstances; or the mortality may be low from the removal of patients in the last stage of illness. It is well known that the mortality is not so high among surgical as it is among medical cases. The mortality in the military was lower than in the civil hospitals.

Lunatic Asylums.—The annual rate of mortality in lunatic asylums was 13 per cent. The rate in Bethlehem was 7 per cent; in other asylums the mortality varied from 13 to 22 per cent.

Military and Naval Asylums.—The mortality among the Greenwich pensioners in the hospital was 12 per cent; among the Chelsea pensioners 27 per cent. The mortality of these institutions depends to some extent on the ages of the pensioners. The mortality in London of men of 65—75 is 9 per cent., of men of 75—85 is 18 per cent, of men of 85—95 is 32 per cent. The mortality of the Greenwich pensioners, it will be seen, lies between the rates of mortality at the two first periods of old age.

Workhouses.—The general mortality in the London workhouses was at the rate of 23 per cent, annually. This return will be chiefly of use to the parishes

themselves, as the workhouses are very differently composed. Like the Greenwich and Chelsea hospitals, they sometimes contain old people; at other times there are attached to the workhouse infirmaries, which not only receive those who fall sick in the workhouse, but out-door paupers, who should in strictness be separately returned. Other workhouses contain children at ages when the mortality is kept down by the natural vitality of youth; thus the mortality of children in London is 1·2 per cent at the age 5—10, and only 0·5 per cent at the age 10—15; at the latter age only 1 in 207 boys dies in a year. It is however well worthy of remark, that the mortality in the large workhouses of Hackney and St. Martin-in-the-Fields, does not exceed 9 per cent; and it may be well to compare the arrangements there with those in workhouses which experience an annual rate of mortality exceeding 20 per cent.

I must here point out, in addition to the reforms spoken of, a great desideratum in our hospital management, viz. the want of an institution in a healthy locality near London, where convalescent patients might be sent. All who have seen much of hospital practice, must have observed poor creatures turned out of the wards, who only required *pure* air to restore them to perfect health. Could the government money be better employed than in founding an institution of this kind? A fraction of the interest of the sums lavished in useless expenditure in this country, would be more than sufficient for the purpose.

It will be observed that there is one institution of which I have not yet spoken, viz. *St. Mary's Hospital*, Paddington, which will be opened in a few months. According to the laws published in 1849, there are to be twenty medical officers, and these are to be elected by concours, in accordance with the following rule:

"The weekly board shall refer all the candidates legally qualified for the office, and of whose respectability of character they are satisfied, to an examining board, and such board, of examiners shall consist of not less than five, and not more than nine competent persons, to be chosen by the Medical Committee, subject to the approval of the weekly board. The examination shall be open to the attendance of the Governors of the Hospital, and shall consist—1, of written replies to questions in writing; 2, of *viva-voce* examinations; 3, of clinical demonstrations; 4, of demonstrations on the dead body; and 5, (in the case of an examination for the office of a Surgeon or Assistant-Surgeon,) of surgical operations on the subject.

The board of examiners shall select, after due examination, the three best qualified competitors, if there be five or more, or the two best, if there be less than five, and the names of the selected candidates shall be sent back to the weekly board on separate cards, without comments, unless under circumstances of distinguished merit, when it shall be competent for the examining board, with the consent of a majority of not less than four-fifths of its members, to report specially thereon. In case there should be only one or two candidates, the examining board shall report the result of their examination of such candidate or candidates."

In the report of the special committee, on the mode of election of the medical officers, in July last, the above law was abrogated, as well as the very sanitary provision which allowed the committee to call in the advice of any three medical governors, not being candidates for office. I see already the influence of the medical corporations is at work in this institution, and, like the upas tree, it poisons and contaminates all that come near it. It is as inimical to the progress of science, as malaria is to the health of the body: no sink or gully holes ever did half the mischief. These *soi-disant* advocates for the *concours*, then, allow a man who has *bought* his fellowship,

(adjoining) for medical cases, (82 beds). *Stevens*, erected in 1710, (200 beds). *Mercer's*, founded in 1734, (beds 54). *St. Vincent's*, opened in 1835, (80 beds,) was established by the Sisters of Charity, who attend upon the patients, as in Paris: this hospital is one of the neatest, and best regulated in Dublin. *City of Dublin*, founded in 1832, (beds 55,) *Jervis Street*, opened 1728, (beds 70). The North and South Dublin Union Workhouses can accommodate 4,000 people. Dr. Shannon, the Surgeon to the former Union, kindly showed me over the house, which then contained 2,000 inmates, and, as may be supposed, they presented a great variety of diseases. Besides these, are 2 *Fever Hospitals*, 5 *Lying-in Hospitals*, 3 *Eye Infirmarys*, (Mr. Wild's, Dr. Jacob's, and the National,) a *Lock Hospital*, a hospital for *Incurables*, a *Military Hospital*, *Lunatic Asylums*, an establishment for diseases of children, and other charitable institutions. These hospitals are variously supported: donations, and subscriptions of private individuals, government grants, and county presentments, forming the chief funds. Like the hospitals in London, the charges for attendance differ, and money must be paid by the student at each.

The *Dublin Lying-in Hospital*, (*Rotunda*), is one of the most perfect establishments of the kind in Europe; about 2,500 women are annually admitted. From 1757 to 1832; 127,034 women were delivered: 67,199 boys, and 61,860 girls first saw the light in this building; 2,009 twins, 28 triplets, and one woman had four children at a birth. I must caution my reader against one source of error respecting the statistics of the mortality, of this institution. The women are generally out of bed on the fifth, and are removed on the eighth day, and it is probable that many deaths take place out of the hospital.

The *Cork Street Fever Hospital*, which I had an opportunity of seeing with Dr. Hanna, one of the physicians, is an admirable establishment; it contains 160 beds, and can accommodate (in the sheds) 600 patients. I find by the medical report of this hospital, that from 1804 to 1846, 144,211 patients were admitted; 10,082 of these died, and 204 remained in the Hospital. The admissions were most frequent in January and February, and the least so in June and July, judging from 33,516 cases. According to Dr. G. A. Kennedy's Report, 1839; the temperature of the skin in 325 cases, varied from 98 to 105 F.; the pulse from 60 to 130, and the respiration from 20 to 50, in the minute. The mortality of the males, exceeds that of the females, and as regards age, the most fatal period is under 5; from this age to 15 it is small; then it augments up to 60.

If my space would admit of it, I could allude to numerous cases of extreme interest that I saw at the Dublin Hospitals, especially at the Meath, under the care of Drs. Stokes and Lees. The *clinique* of Dr. Stokes is one of the best I have heard, and the mode of instruction at the bed-side, by these physicians, is excellent. Fever, as in Edinburgh, prevails to a great extent. Typhus, synochus, and the relapsing fever are the most common; they are attended generally, with the measly, and petechial eruptions, and would puzzle those, only learned in Cullen's Nosology. The bronchial tubes, intestines, and brain, may be more or less affected, according to the nature of the epidemic, and other causes. The system of administering wine and stimulants

during this fever, is generally followed : in bad cases I have seen very large quantities given. A man was admitted, November 7th. 1848, at the Meath Hospital, under the care of Dr. Stokes, with Irish-fever in its worst form,—maculæ, bloody sputa, feeble pulse, and the first sound of the heart indistinct ; Dr. S., supposed that the heart was softened. November 9th. ; black sordes on the teeth, and lips ; first sound of the heart nearly imperceptible ; low muttering delirium, and unconsciousness. This patient took one bottle of wine and a pint of brandy, in the 24 hours, and recovered. I should observe that another patient, (a girl) in the same ward, was treated in a similar manner, and the case proved fatal. After seeing, and handling these, and other bad cases, I was seized in the afternoon with the preliminary symptoms of fever ; I had rigors, passed a miserable night, and made up my mind that I should be in bed for some weeks ; towards morning however, a profuse perspiration broke out, which lasted for several hours, and I was soon convalescent. I believe the poison was removed by this means, and that I was saved from an attack of fever, by the *vis medicatrix nature*. In 1847 according to the Parliamentary Evidence of Dr. Cusac, (2982), 179 Irish medical practitioners, exclusive of students, and army surgeons, died ; and about 64½ per cent of these, were carried off by fever. Did slaughter like this, ever occur to military officers ? *Dysentery* is another disease very prevalent in Ireland : I saw several cases of it. Mr. Wild, in his Reports, 1841, says, it carried off 10,744 persons in 10 years, and he ranks it as the eighth most fatal disease amongst the epidemics of Ireland. I saw a good example of the difficulty of diagnosis of chest disease, in some cases of aphonia. A man had loss of voice, and supposed ulceration of the larynx ; his chest was examined by experienced auscultators, and the lungs pronounced sound. Mr. Porter performed the operation of tracheotomy, and when the man died a short time after, both lungs were found studded with tubercles. Mr. Porter has performed tracheotomy very frequently, and often with success. I cannot refrain from mentioning a case of tracheotomy, by a young surgeon, on an hysterical woman, for supposed ulceration, or œdema of the larynx. After the operation, the woman was taught to pass the tube herself, but instead of passing it into the trachea, she gradually pushed it between the cellular membrane, and the rings of the windpipe, until the subclavian artery was injured, and she died suddenly from hæmorrhage. The preparation, I saw in the Museum of the College of Surgeons. The larynx was sound.

I witnessed an operation at one of the Dublin hospitals for improving the state of the upper eyelid in a man who was the subject of epileptic fits ; he died in one of these, shortly after. A good lesson this to all surgeons who are fond of ornamental cutting. In mentioning these two operations, I do not intend to blame the surgeons ; they would not probably operate again under similar circumstances ; and who is there amongst us, let him be physician, surgeon, or general practitioner, that cannot refer to many grave errors, that he has committed in the course of his practice ? I saw only one case of aneurism, treated by pressure ; this was at the Richmond Hospital ; the aneurism (traumatic) at the bend of the arm, was cured by Mr. Carte's,

tourniquet. Mr. Syme, of Edinburgh, is still prejudiced against this mode of treatment, and quotes his sixteen successful cases of ligation of the femoral artery; but one of these, he admits died from supuration of the sac. Mr. Syme *may* lose his next two or three patients. Martineau recorded eighty-two cases of lithotomy, and two of these only were fatal; but after this publication, his next two patients died. I saw Mr. Green perform, I *think*, his fifty-third and fifty-fourth operations for stone, April 4th, 1834: he had then not lost a patient; but both these men died. The question is, not what is Mr. Syme's success, but what is the *general* mortality? I have shown* that in 137 cases of popliteal aneurism; sixteen were cured by pressure, and four spontaneously; but eighteen died after the ligation, and seven lost their limbs. I think the Irish surgeons are entitled to great praise for introducing this mode of treatment, which, I believe is seldom properly tried, out of Dublin.

Licensing Boards.—The University of Dublin, incorporated by charter of Elizabeth, 1591. The College of Physicians, founded by charter of Charles II., and incorporated 1692. The College of Surgeons, incorporated 1784. When in Dublin I saw a curious document (Records of the Corporation of Barber Surgeons) in the possession of Dr. Moore, and the reader, who is interested in the history of corporations, will find a good account of it in the Dublin Journal 1849. The Apothecaries Hall, incorporated 1791. I have already given, at page 26 of this Journal, the price of parchment at these institutions. It would be waste of time to allude to them further, than to say, that like the English and Scotch corporations, their exclusive laws and selfish proceedings, would disgrace the inhabitants of Otaheitee.

Medical Schools.—Besides the schools at the University, College of Surgeons, and Apothecaries Hall, there are four private schools of medicine: the Peter Street, the Richmond, the Park Street, and the Dublin. The Medical Societies, are the Surgical, the Obstetrical, and the Pathological.

The greatest defect I observed in the Dublin mode of instruction, was the want of proper accommodation to the students for pathological research; and there was not a person in Dublin who could be considered a proficient, in the use of the microscope. By a recent article in the Dublin Journal (Sept.) I see there is not much improvement. Dr. Lyons (p. 4) says, "We believe that we are justified in saying, that no original communication of any importance has been made to histology, or any collateral branch of microscopic investigation, by an observer from the Irish school; though, as we are fully aware, many of our physicians and surgeons have occupied themselves in verifying the observations of others, and in no few instances have acquired practical skill in the employment of this instrument, and made useful applications of the results thus obtained in the practice of their profession." It may be observed however, that they have avoided the numerous errors that microscopists have committed.

Medical Journals of Ireland.—Although the hospitals and infirmaries in this country are so numerous, the medical practitioners have not contributed so much to the literature of the profession as in the sister

* Diseases of the Blood Vessels, pp. 226.

kingdoms. Before 1807 there was no medical journal in Ireland, but in this year the Quarterly Dublin Medical and Physical Essays appeared; they were however given up after eighteen months (Dublin Journal). In 1829 Mr. Donovan edited the Annals of Materia Medica and Pharmacy; a monthly Journal which only reached twelve numbers. In 1832 the present Quarterly Journal of Medical Science was started, and it affords the best evidence of the capabilities of the Dublin hospital physicians, and surgeons. I may mention the names of *some* of the contributors: Greene, Corrigan, Stokes, Graves, Churchill, M'Dowel, Hamilton, Adams, Porter, Cusack, Houston, Bellingham, Collis, Smith, Law, Kennedy, Harrison, Battersby, Beatty, Lees, Kane, O'Ferrall, Wilde, Carmichael, Collins, Macartney, Jacob, M'Donnell, Marsh, Maunsell, Montgomery, Moore, O'Beirne, Osborne, Power, Neligan, Crampton. The Dublin Hospital Reports, and the Transactions of the College of Physicians, can scarcely be considered as medical journals. In 1839 the Dublin Medical Press appeared (a medico-political journal) edited by Dr. Jacob, the President of the College of Surgeons of Dublin. I heard Dr. Jacob say, at his introductory lecture at the College of Surgeons, Nov. 30, 1848, "That the Dublin surgeons would bear comparison with any in the world, and that his paper on the eye was the best, ever written." It is neither my province, nor my desire to dispute this assertion; but in sober earnestness I ask Dr. Jacob, If a Faculty of Medicine had been established in Dublin twenty years ago, would the Dublin Medical Press, be filled with entire extracts, from English Journals?

SCOTLAND.

Edinburgh.—There are many of my readers, who will look back with fond remembrance, on the days of *lang syne*, when they attended the far famed University of *Auld Reekie*: when Latin parlance and thesis, covered a multitude of ignorance, both in student and examiner, and when grinders manufactured Latin, as modern writers do articles in cyclopædia, at so much per page. They have not forgotten the picturesque beauties of the modern Athens: they can never forget, its odours, and its perfumes. It is strange that an intelligent people, like the Scotch, can have allowed the old town of Edinburgh to remain in its present disgraceful state,—the very focus of disease and death. If a proper registration of deaths were enforced, and coroners' inquests were held, as in England; the state of Edinburgh, and some of the larger towns of Scotland, would be less offensive to the nasal organ of the traveller, and more salubrious to the inhabitants.

Ward, in his Diary, 1648-1679, says, "In Scotland, especially in Edinburgh, when they throw out a champerpot, they crie, Cardelew, to signify to those that goe under to take heed, knowing what is coming; sometimes in a night, in the narrow street in Edinburgh, you shall hear twenty cardelews altogether, so that by endeavouring to avoid one you fall under the persecution of another." It is also recorded about the same period, "that a man walked the streets of Edinburgh, crying, Wha wants me? and carrying a pail, a pair of tongues to lay accross it, and an enveloping cloak for the votaries."

(To be concluded in our next number.)

The Registrar General's Reports from June 30th to Sept 28th. (continued from page 119 of this Journal.) The deaths in the second quarter, ending June 30th, were 93,005 in the corresponding quarter of last year, when cholera prevailed, 102,249. In London the *weekly* mortality, during the above named 14 weeks, was 965, 794, 781, 863, 898, 917, 997, 874, 905, 882, 899, 929, 858, 981.—total 12,534. In the corresponding 14 weeks of last year, when cholera prevailed it was 28,326.

The remarkable cases mentioned, are, a poor widow who died from excessive grief in 12 hours. A ship-caulker from sun-stroke.—Two persons from purpura hæmorrhagica, and a child from a cherry-stone in the windpipe. A man, æt. 67, died of suffocation, from a piece of beef getting into the larynx. A case of ruptured larynx from a fall. A man took 4 oz. of quicksilver, and some turpentine, medicinally; death was caused by inflammation and mortification. According to several of the Registrar's Reports; bad drainage, tidal ditches, and imperfect ventilation, are the causes of a great amount of the mortality.

PASS LISTS OF THE LONDON EXAMINING BOARDS, FROM JUNE 15th TO SEPTEMBER 25th;

WITH THE MONEY RECEIVED, EXCLUSIVE OF STAMP DUTY, SINCE JAN. 1st 1850.

University of London.—M.B. examination—August. Brown. Burchell. Courtney. Hardwick. Headland. Hornidge. Jay. Lister. Masfen. Pavey. Rooke. Rice. Simpson. Shilitto. Stevens. Swete. Smith. Trouncer. Tovey. Walker. Williams. Weaver. Washbourn.

Number admitted since Jan. 1st: 23. Money received, £115.

College of Physicians.—Anthony. Pratt. Smith. Snow. Wood.

Number admitted since Jan. 1st: 9. Money received, £376 13s.

Apothecaries Hall.—Allanson. Allen. Batty. Briggs. Bromley. Brice. Brown. Black. Bywater. Cockcroft. Cooper. Chaldecott. Clark. Craven. Carey. Charlton. Clapham. Croston. Dickinson. Dixon. Dixon. Dalgairns. Eddows. Evershed. Filliber. Gilbertson. Goodrich. Hills. Helps. Hudson. Hunt. Hewson. Jackson. Jones. Jardine. Johnson. Keyworth. Leonard. Lobb. McPherson. Morris. Monday. Mallam. Pain. Pettinger. Peck. Richardson. Rigby. Roberts. Roper. Simpson. Salter. Scholefield. Strelley. Spinks. Scattergood. Thornton. Turner. Thompson. Todd. Tuxford. Watson. Wright. Wright. Ward. Wheelhouse. Wilson. Wheeler. Walker. Warren. Whatmough. Young.

Number admitted from Jan. 1st to Sept. 25th: 212. Money received, about £1523 10s.

College of Surgeons.—Adams. Adley. Allen. Attfield. Ayre. Betts. Brett. Brown. Beswick. Brown. Bishopp. Butt. Bridgman. Buckle. Beaumont. Bourne. Brown. Ball. Brandt. Bury. Behrend. Carroll. Chaldecott. Cockcroft. Cox. Chambers. Carrington. Cashell. Creed. Clarke. Drew. Dixie. Derbyshire. Dingley. Davis. Dukes. Draper. Eddows. Evershed. Everet. Egan. Freer. Furse. Forster. Fowler. Fitzgibbon. Fitzgerald. Grammer. Gaye. Hardy. Harrison. Hillier. Harding. Hutchinson. Howell. Hunt. Hill. Jones. Johnston. Johnson. Jakins. Ingle. Knaggs. Kent. Kidd. Keyworth. Kitehing. King. Lattey. Lane. Laxton. Lobb. Leach. Lancaster. Mc'Leorley. Marsh. Madge. Massey. Mc'Cormack. Morgan. Morris. Martin. Marriott. Mawhinney. Mc'Kenzie. Neal. New. Newnham. Nelson. Parkinson. Playfair. Purdey. Pound. Paine. Peakett. Perkin. Reynolds. Ronalds. Roden. Rowley. Rhodes. Rugg. Rigby. Riordan. Ridsdall. Sloper. Small. Stevens. Stevenson. Salter. Steel. Stormont. Scowcroft. Stephenson. Scattergood. Smithwick. Thompson. Trouncer. Thomas. Thornton. Tinsley. Van Hemert. Wetherell. Wightman. Wills. Williams. Williams. Walker. Warren. Willett. Watts. Young.

Number admitted from Jan. 1st to Sept. 25th: 301. Money received, £6020.

LONDON MEDICAL EXAMINER.

DECEMBER, 1850.

ON QUACKERY IN ENGLAND, AND ITS CAUSES.

" And then in many a paper through the year,
Must cures and cases, oaths and proofs appear ;
Men snatched from graves, as they were dropping in,
Their lungs coughed up, their bones pierced through the skin,
Their liver all one scirrhus, and the frame,
Poison'd with evils which they dare not name ;
Men who spent all upon physician's fees,
Who never slept, nor had a moment's ease,
Are now as roaches sound, and all as brisk as bees."

CRABBE.

Dr. Paris, the learned President of the College of Physicians, whose labours in the field of medical science have so recently been rewarded by the office-bearers of the college, says in his *Pharmacologia*, " that England has been called the paradise of quacks, but with as little truth as candour : if we refer to the works of *Ætius*, written more than 1300 years ago, we shall discover a similar infirmity with regard to physic."

The reader, who has more common sense than classical knowledge, may ask what infirmities which existed in the time of *Ætius* have to do with the present era ; and whether the veneration for ancient medical authors, whose notions are generally crude and untenable, has not been one of the heaviest clogs on the wheel of progression ?

It will be our business (briefly) to enquire into the cause of the spread of quackery in this country, and we start with this assertion, "*that the Colleges of Physicians and Surgeons of London, by their exclusive laws and encouragement of 'grades,' have been (indirectly) the main promoters of quackery.*" And now for some of the proofs. Dr. Paris, in this said *Pharmacologia*, which has been a useful book for the chemist and druggist, and all dabblers in physic ; for it contains 183 formulæ for the "*inexperienced prescriber*," has given a supposed analysis of numerous quack medicines, and by this means obtained for them a notoriety, they would not otherwise have acquired. Amongst these we have *Elixirs of Longevity*, *Solomon's Balm of Gilead*, *Vegetable Syrup*, *Taylor's red bottle*, and *Virgin's Milk*. What a dish for a President ! But an analysis does not satisfy the doctor. He says, " the Duke of Portland's powder for the gout, as it is a combination of bitters, might, without doubt, be serviceable in certain cases of gout. That to produce a speedy and bulky evacuation, experience has fully established the value of Lady Webster's Pill, and that Dalby's Carminative is constructed upon philosophic principles." In speaking of the credulity of the public, the learned gentleman alludes to his brethren in the following strain : " and to remove the film that obscures the public discernment, whether the adoption of such a plan would not be to the advantage of our profession."

allude, in former numbers, to certain of Physicians, which, we think, would be the majority of our profession, if they had

had the management of their own affairs. A fellow of the College of Physicians, who practises mesmerism, was appointed recently by Dr. Paris, to deliver the Harveian Oration, (Parliamentary Evidence, Question, 235.)

But look to the history of the College of Physicians, and what a murderous tale does it unfold. A few men, more distinguished as aristocratic *toadies*, assumed to themselves the right only, of practising medicine, and forty of these learned doctors were thought sufficient for the king's subjects, the rest might get physicked as they could. This exclusive system kept up for more than 200 years, we need not tell the reader encouraged quackery, and empiricism to an enormous extent. The question with this college has been not the general good of the community, but how can we benefit *ourselves*? As late even as 1815, when the Apothecaries Company was first formed, the Colleges of Physicians and Surgeons strenuously opposed it. Dr. Man Burrows (Parliamentary Evidence, 1834, Question 252,) says, "*That the opposition was entirely confined to the Colleges of Physicians and Surgeons.*" Before this period, 1814, ninety-nine out of every hundred practitioners in England, were not required to possess even the elements of anatomy and medicine, but the *general practitioners*, in spite of the opposition of the colleges, partly effected their object. Dr. Gregory, in his Introductory Lecture, says, "so little was medicine thought of in London, that in 1814, the *total* number of medical pupils attending the seven Metropolitan Hospitals was only thirty-eight."

But look to the Parliamentary Evidence, 1834, Question 6203, "Mr. Lawrence thinks it would not be desirable to interfere with ignorant pretenders. Mr. Guthrie, Question 5304, Attempts to put down irregular practitioners by force of law, must end in failure. Question 5585, Sir A. Cooper. Has the College erased from its list any of its members for quackery? Yes. In more than one instance? I do not know. 1848, Parliamentary Evidence. Question 2070, Sir B. Brodie would have medicine thrown open to all without restriction; he would have no penalties." It must be remembered, that these surgeons had no *medical* qualification.

Let the reader turn to page 178 in our October number, to the regulations in France, with regard to unqualified practitioners, and ask himself, whether the same laws should not exist in this country? Is it decent for a government, which pretends now, to care for the public health, to stamp the nostrum of every ignorant empiric with its approbation? Is it consistent, we ask, for some members of the public press, to blazon forth their articles on sanitary reform, and for *the sake of gain*, to fill their columns with the advertisements of every quack? But is it quite commendable on the part of our Medical Journalists, to write articles against Homœopathy, Hydropathy, Mesmerism, &c. &c. and at the same time, give publicity to these delusions on their wrappers? Quackery in its protean forms, must exist in every country; but shame on the government, we say, that derives a revenue from such a source; shame on the members of our profession, who have lent their aid to its deceptions!

And lastly, for the business part of the affair; the money that this system brings to the exchequer; *the government at the same time, be*

it observed, taking a large sum from qualified practitioners for their diploma stamps.

From the returns of the revenue, under the head of Medicine and Medicine Licenses, we find, beginning with the year 1809, and ending with 1847, the annual receipts by government for *quack* medicines were, (not including shillings,) 39,299*l*, 33,802*l*, 41,790*l*, 44,078*l*, 43,454*l*, 39,791*l*, 41,195*l*, 44,325*l*, 37,942*l*, 39,227*l*, 40,109*l*, 39,926*l*, 38,757*l*, 42,591*l*, 39,728*l*, 37,262*l*, 39,116*l*, 36,330*l*, 33,421*l*, 34,387*l*, 34,638*l*, 39,339*l*, 33,973*l*. After this period, 1833, the medicine vendors' licenses, amounting to 4,000*l* or 5,000*l* per annum are not included, and this sum will nearly make up for the apparent deficiency. 1834, 30,773*l*, 30,272*l*, 31,158*l*, 30,495*l*, 29,422*l*, 29,858*l*, 29,492*l*, 30,289*l*, 30,502*l*, 28,936*l*, 30,535*l*, 32,623*l*, 34,544*l*, 32,623*l*. So that in these 38 years, about 1,396,000*l* have been received by government from this source, besides an enormous revenue for the *advertisement duty*. John Bull, however, likes to swallow poison in his own way ; and the parliament turns his credulity to account. The corporate bodies, who *should* be guardians of the public health, have entered no protest against these impositions ; and some of their members have even encouraged a system, disgraceful alike to the government, and to the name of England.

THE MEDICAL SOCIETY OF LONDON.

We were reluctantly compelled, to notice certain doings of the Council of the Medical Society, in our last number ; believing that the acts of this body, must ultimately tend to the injury of the society. At the meeting of the Society on the 1st of November, held for the express purpose of altering the laws, although it is questionable, whether the Society is in possession of any ; the Editor of this Journal, Dr. Crisp, *without previously naming the resolution to any one*, moved, and Dr. Bainbridge seconded, the following :—

“ That the law, No. 3. respecting the admission of Honorary Fellows, who contribute nothing towards the funds of the Society be repealed, and the following statute of the old Medical Society of London be substituted for it : *The Honorary Members shall be composed of gentlemen, not of the medical profession, but eminently skilled in sciences connected with medicine.*”

It is scarcely necessary to tell the reader, that the motion was negatived almost unanimously ; we did not expect it would have been seconded. The object we had in view, however, of bringing a matter before the Society, which must hereafter receive the consideration of its members, is answered.

It should be recollected, that the Westminster Society, when formed in 1809, was an appendage to the Windmill street School ; the admission fee was a guinea, and *there was no annual subscription* ; then an annual subscription of half a guinea was demanded, and afterwards the sum increased to one guinea ; but the members had not the advantage of a library. The subscription to the Medical Society of London, was two guineas ; but about ten years ago, it was reduced to one ; the members having the benefit of the library. In 1809, *taking into account the state of the profession at that period*, it is not surprising that Honorary Fellows, who paid the same as the ordinary

members, should have been elected. The same law, it appears, existed in the Medical Society of London, but it was abrogated, and the statute above mentioned substituted.

It will be perceived, that the constitution of the two societies, was entirely different ; and we cannot understand why 69 Honorary Fellows should enjoy the advantages of the Society, without contributing to its funds : and we moreover believe, that the *names* of many of them, are neither ornamental nor useful. The subjoined is the list, and some of them are self-elected :—Addison, Arnott, Ashburner, Babington, Bacot, Bird, Black, Blagden, Brande, Brodie, Chambers, Chowne, Clarke, Copland, Copeland, Davies, Faraday, Fisher, Forbes, Gaskoin, Granville, Gray, Gregory, Gunning, Guthrie, Hawkins, Hammerton, Hancock, Hawkins, Henderson, Holland, Johnson, Keate, Latham, Lawrence W., Locock, Macleod, Mayo, Neville, North, Pettigrew, Reid, Roget, Sayer, Sewell, Southey, Stewart, Streeter, Stone, Sigmond, Thompson, Thompon, Travers, Wardrop, Webster, White, Wood, Williams. These were the 58 Honorary Fellows in 1848, and there were only 55 ordinary, or subscribing fellows. Since this period, the following names have been added to the list of Honorary Fellows : Bennet, J. R., Burne, Clutterbuck, Coulson, Cusack, Dendy, Kingdon, Phillips, Pilcher, Quain, Roberts, Salmon, Seaone, Smith, Thompson T. ; only three of these gentlemen are residing out of London. There is an important *principle* involved in this affair ; and we could not consistently, as an old reformer, pass over a matter, which in some respects is painful to us to notice. We believe, *that the vast majority of these men, have done ten times more, by their exclusive acts, to retard science, than their discoveries have served to advance it.* We would shew them no such honor.

— “ Ex humili summa ad fastigia rerum
Extollit quoties voluit Fortuna jocari.”

JUV. SAT. III. 39.

HOSPITAL STATISTICS.

OUR readers are aware that on several occasions, we have insisted upon the necessity of compelling the hospital physicians and surgeons to register their cases, and publish an annual statement which should be, before publication, inspected by an officer appointed by government. *We take the credit of being the first to insist on the necessity of compelling those connected with our hospitals to perform this duty.* At page 206 in our last number, we have given the Registrar General's Report of the mortality of the London Hospitals, but as the number of beds is constantly varying, this document is liable to mislead. Since the publication of our last number, Dr. John Webster has read a paper at the Medical Society of London (an abstract of which will be found in the *Lancet*, Nov. 9th), in which he makes a comparison of the mortality of the London Hospitals ; but Dr. Webster has innocently fallen into the error, of supposing that the number of beds is always the same. Thus, at the Free Hospital, the deaths are said to have been only 1 in $6\frac{1}{2}$ in each bed. In University College Hospital, 1 in $1\frac{1}{3}$; but it so happens that the beds in the Free Hospital, instead

of being 140 as reported, have sometimes been reduced to 57 ; and this will apply to other hospitals. A more important question than this could not come before any Society, and Dr. Webster deserves the thanks of the profession for his statements. If the reader will turn to our Retrospect, he will find a report from the Military Hospital of Barcelona, which puts to shame some of the *honorary* fellows of the Medical Society of London. There can be no efficient medical reform in this country, until the hospitals are under the control of government, and the medical officers are elected by *concours*.

CASES OF HEPATIC DISEASE, WITH REMARKS.

By HENRY CRISP, M.B., M.R.C.S., Senior Assistant Surgeon, H. M. 64th. Regt. Scinde.

THE subjoined cases of liver disease may prove interesting to the European practitioner, who has seldom an opportunity of witnessing the rapid and insidious structural alterations in the liver, which frequently occur in warm climates, and which too often are beyond the resources of our art. The second case, however, is a good example of the benefit to be derived from treatment in the early stage of inflammation ; and the first case, especially, should lead us not to despair of recovery under the most unpromising circumstances. The fifth case is a good illustration of the occurrence of a large accumulation of pus in the liver, without the symptoms, indicating the presence of such an important lesion.

Case I.—Cysts in the Liver.—Puncture.—Recovery.

J. M. a strong healthy looking man, thirty-one years of age, after complaining for two days of pain in the epigastric region, and vomiting, debility, &c. came to me, April 8th, 1850, with a large circumscribed pulsating tumour in the epigastrium, which he noticed to-day for the first time. The tumour is nearly as large as a child's head, and its pulsations synchronous with those of the heart, and by pressure on it, an audible bruit is produced. It is hard, and there is nothing like fluctuation in it ; he has never had any symptoms of hepatic disease before. Pulse soft, 90 ; skin hotter than natural ; tongue furred ; bowels open. The tumour being tender on pressure, a few leeches were applied to it ; a purgative given, and a little febrifuge medicine administered.

April 10th.—Has been well purged ; tumour the same size ; it is still very tender, and the pulsation is very strong ; skin cooler ; sleeps badly. On the supposition that the transverse colon might be distended with fæces, purgatives, and purgative enemata were used, but without diminishing the tumour.

April 11th.—Tumour increasing in size. Pulsations very strong, and they are visible some distance from the bed ; no bruit along the spine, and he has no gnawing pain in the back ; pressure on hypochondriac region of the right side gives no pain, and there is no pain in the corresponding shoulder. He was this morning placed on his hands and knees, and the hand applied to the tumour, when the pulsations were found to be as strong as ever, and uniform in every part of the swelling.

April 15th.—The tumour is much larger since the last report, and the pulsations more violent; it is very hard, but is not now painful on pressure. The patient has lost in some degree the great nervousness that he first complained of; he sleeps well when an anodyne is given, but not otherwise. A grooved needle was passed into the centre of the tumour in the direction of the spine; when it had entered to the depth of three inches, serum was seen to escape along the groove. A small trocar and cannula were introduced in the same direction, and about 8 oz. of fluid drawn off; the swelling was much diminished by this, but it was still large, and evidently consisting of more than one cyst, which had been punctured. The fluid apparently the same mixed with blood, coagulating on the addition of nitric acid and on the application of heat. He felt faint after the operation, but a little wine restored him. Fomentations were applied to the tumour, and an opiate given at night.

April 17th.—The tumour filling again; no pain in it; the opening made by the trocar healed; the pulsations the same as before. General health tolerably good.

20th.—Tumour hard and large, with a feeling of fulness about the epigastrium; the swelling tender on pressure. A trocar and cannula again introduced, and 6 oz. of fluid escaped, having the same character as that before taken. The swelling not so large, but still only one cyst is emptied, and from the lobulated surface of the tumour, it would appear that there are several.

22nd.—Tumour painful to-day, and discharging purulent matter from the opening made by the trocar; a probe passes readily into the cyst; pulsations not so violent; tumour softer. His general health still remains pretty good, but he is rather weak. Wine and beef-tea are given daily with a nourishing diet. Tincture of iodine is applied to the tumour, followed by poultices at night. He takes a mixture, composed of infusion of chiretta and diluted sulphuric acid, three times daily, and an opiate at bed-time.

April 26th.—Since the last report, the tumour has been discharging small quantities of pus daily; it is smaller and softer; its surface still lobulated; pulsations less distinct, and there is less pain; the general health good. The opening into the tumour was enlarged to-day, and about 8 oz. of pus came away: no hydatids were mixed with this pus, nor was it at all fetid. Continue the mixture and poultices, with 12 oz. of wine, and a pint of porter daily.

April 30th.—About 6 ounces of pus escape daily from the tumour, which is smaller, softer, free from pain, and has lost its lobulated surface. A probe may be passed into it to the depth of five inches; has no pain in the hepatic region. Has slight hectic fever at night; pulse 90 and rather weak; bowels regular; motions dark; tongue rather furred. Appetite good; continue the poultices; pressure to be applied around the tumor. Quinine and carbonate of ammonia three times daily. The same diet.

From this time the tumour diminished in size. The pulsations ceased; about 8 oz. of fetid pus escaped daily, and at one time a small fungous excrescence protruded through the opening, and subsequently it was thought necessary to draw off the pus, by means of a

catheter, which was introduced into the cyst, with an exhausting syringe at one end. Small white sloughs occasionally came away. Poultices, pressure, iodine and tonics, with a nourishing diet were continued. His health improved, the opening gradually closed, and he was discharged on the 11th of June as convalescent: he soon recovered his usual health, and is now performing his duties, feeling no inconvenience, except occasionally a slight dragging pain in the hepatic region.

Case II.—Acute Hepatitis.—Bleeding.—Recovery.

J. R., aged 19, a weakly young soldier, was admitted into the hospital, Aug. 24th, 1849, complaining of severe pain in the right side, under the ribs; increased by pressure and inspiration. This pain is also very severe, at the lower extremity of the sternum, and it extends upwards to the right shoulder. Has had rigors and vomiting occasionally; pulse quick and full; tongue furred and dry; bowels confined. V.S. brachio ad 3xvi et applicentur hirudines xxiv lateri dextro. Sumat. Pulv. Jalapæ comp. 3i statim.

27th.—Pain relieved; pulse quieter; skin cooler, but jaundiced. Hyd: Chlorid: et Pulv. Jalapæ daily. From this period, until Sept. 4th, he lost all the pain, and was discharged to duty quite well. The treatment consisted of small doses of Hyd: Chlorid: et Pulv: Jalapæ daily, and one grain of Ant: Potass: Tart: three times a day.

Case III.—Acute Hepatitis.—Hepatic Abscess.—Death.

M. D., aged 19, an unhealthy looking man, admitted into Hospital, June 9th. 1849, with diarrhœa, vomiting, and pain in the belly; he vomited two or three lumbrici, and passed more per anum. He took occasional purgatives, doses of turpentine, and the tincture of the sesqui-chloride of iron.

On the 24th of June, he complained for the first time of great pain in the epigastrium, extending under the cartilages of the ribs on the right side; increased by pressure, inspiration and cough. There is a decided fulness in the hepatic region, and the free margin of the liver can be felt under the cartilages of the ribs. Is unable to lie on the left side, complaining of great dragging pain when he does so. Pulse quick, but feeble; tongue moist; bowels open. Twenty four leeches to be applied to the side, with blue pill and extract of opium every four hours.

25th.—Pain not so severe in the side, but he complains very much of the right shoulder; can lie on the left side and bear pressure on the right; the fulness in the hepatic region not so great; pulse still small and quick; bowels confined. A purgative to be taken directly, followed by calomel and opium, every four hours. Sixteen leeches to be applied to the hepatic region. After this the symptoms varied in character and intensity. The pain in the right side at times ceased altogether, but that in the shoulder was continuous. He took mercury internally, and it was also rubbed into the side without affecting the mouth. Purgatives were frequently given, and leeches and blisters were applied to the side; he gradually emaciated, and died July 7th.

Autopsy.—The body much emaciated. All parts healthy except

the liver, the right tube of which was very much enlarged; the left normal, the peritoneum on the convex surface of the liver, was opaque, and that on the concave surface, thickened and opaque. On cutting into the right lobe, a large abscess containing two pints of pus, was discovered; the substance of the liver around the abscess distended with blood. The left lobe quite healthy.

Case IV.—Hepatitis and Hepatic Abscess, occurring during an attack of Dysentery.—Death.

R. J. æt. 22, previously strong and healthy, was admitted into hospital, June 22nd, 1849, labouring under severe pain in the belly, with nausea, purging, tenesmus, &c.; motions slimy, and mixed with blood; skin hot; tongue furred; pulse 100. For these symptoms he was bled from the arm, leeches, and calomel, opium, and compound ipecacuanha powder given every four hours, with injections of starch and laudanum; he also took small doses of castor oil occasionally. He was better on the 2nd. of July, and the purging had ceased; but this improvement was only temporary, for the disease returned, and in spite of all efforts to check its course, reduced his strength very much.

August 5th.—He was attacked with pain, and tenderness on pressure, in the right hypochondriac region, with pain in the right shoulder, for which he took mercury, without benefit; his side was also leeches, though he was in too weak a state to bear much depletion. He died on the 13th of August.

Autopsy.—Thorax.—The heart and left lung, normal. The right lung compressed by the liver beneath it. *Abdomen.*—The liver softened and several small abscesses, in various stages of progress, scattered through its structure. The gall-bladder filled with thick, tenacious bile. The large intestines much ulcerated, especially the sigmoid flexure of the colon. Other parts healthy.

Case V.—Diarrhœa and Hepatic Abscess, without any distinctive symptoms of its presence during life.

H. S. æt. 38, rather delicate; was admitted into hospital June 28th, 1849, complaining of looseness of bowels, febrile symptoms, and vomiting; has no pain in the right shoulder or hypochondrium, and can bear strong pressure in the latter region, without pain; but there is slight pain in the epigastrium; pulse full, and quick, with great heat of skin; motions throughout natural in appearance. He was bled from the arm; leeches were applied to the abdomen; and all the usual medicines for diarrhœa were tried in vain.

July 10th.—He passed a great quantity of dark clotted blood per anum; this left him in a very weak state, but the diarrhœa ceased. In spite of stimulants, &c. he gradually sunk and died, July 17th.

Autopsy.—All the viscera of the thorax healthy; the liver very large, and distended with an immense quantity of foetid pus, which was contained in a cavity occupying both lobes; the sigmoid flexure of the colon ulcerated; other parts normal.

*Kurrachee, Hindostan.
Sept. 4th, 1850.*

SKETCHES OF THE MEDICAL SCHOOLS, HOSPITALS,
PERIODICAL MEDICAL LITERATURE, &c. OF LON-
DON, DUBLIN, EDINBURGH AND PARIS.

By Edwards Crisp, M.D.

(Continued from page 215.)

[The following description of Edinburgh, in the Medical Essays and Observations, 1731, will be interesting to some of my readers.]

“THE city of Edinburgh stands chiefly on the ridge of a hill, which has at its lowest part, the Palace of Holy-rood-house. This is 94 feet higher than the level of the sea. The lanes (*Closses*) going off from the *High-street*, are narrow and steep, especially those of the North-side, on which side, the houses are not continued down to the foot of the hill; but on the brow, there are gardens between the buildings, and the fresh water lake, (the *Nore-loch*.) On the side of this loch, nearest the town, the butchers have their slaughter-houses, and the tanners and skinners their pits. Several lanes (the wynds) on the South-side of the street are larger, and not so steep as the others above mentioned, are built on both sides, and terminate in a narrow street, (the *Cowgate*,) that runs parallel every where with High-street. There is a tradition, that this low part of the town was formerly a loch, in regard of which, the one now remaining on the opposite side of the city, was called Nore-loch; and there are now plenty of springs every where in the Cowgate; and after violent rains, the water makes its way in great quantities, through the floors of the ground-stories there. From the Cowgate other lanes are continued southwards to the City-wall, which is built on another ridge, almost parallel to the High-street: where these lanes are not, there are gardens, burying-places, &c. within the wall; and beyond it, from the gates, are some large suburbs. Between the Low-street or Cowgate, and this South-wall, most of the brewers have their work-houses, for the convenience of water. The Canongate, or lower part of the town, the larger share of which is properly without the liberties of the city, has narrow lanes going off from each side of the streets; but the houses not being built far down, there is considerable space for gardens, that are all planted and labored. The houses in Edinburgh are of stone, and are allowed, by law, to be five storeys high to the street, but are generally higher backwards. They are built very close on each other; and one stair often serves two houses, each of which contains a family in every story; the height of the houses, narrowness of the lanes, and number of people entering by one stair, may therefore in some measure apologize for neither stairs nor lanes, being so clean as in some other places, where such crowds are not confined to such a narrow spot of ground. No river or rivulet runs through the town, or nearer it than three-fourths of a mile; but the city is plentifully provided with fine spring water, conveyed about three miles through leaden pipes. The markets are here plentifully furnished with flesh, fishes, fruits, herbs and roots; the common draught is small ale, sold at twopence a pint, which is near four pounds apothecary measure; the people of fashion have plenty of claret, and all sorts of wine. All except the poorer labourers use wheat-bread; these indeed feed much on oatmeal, and all sorts burn

pitcoal in their fires. The number of inhabitants in Edinburgh and Canongate is reckoned to amount to some hundreds more than thirty-two thousand, allowing the number of those that die to be one-thirtieth of the whole, or estimating every family to consist of five persons : this we judge to be rather too small a calculation, for such a 'crowded healthy place, as this is.'"

An account of the diseases prevalent this year, 1731, follows this description of the city, and among these, ophthalmia, diarrhœa, dysentery, pleurisy, quinsy, erysipelas, rheumatism, and low fevers, appear to have been the most frequent. The last is said to have been attended with violent pain in the head ; a small, quick pulse ; ravings, watchfulness and subsultus ; several in an advanced age died of it, but of the younger sort, many passed worms and recovered. In the first days, bleeding, blistering, and vomiting did good service.

The University of Edinburgh, like the other Universities of Scotland, was founded about the year 1583, for divinity, philosophy, and languages. About the year 1720, a school of medicine was formed after the plan of that at Leyden ; Dr. A. Munro was appointed Professor of Anatomy, and Drs. Alston, Rutherford, Sinclair and Plummer, Professors of materia medica, physis, and chemistry. The foundation of the present building was laid in 1789.

The Editor of the Register, says, "The expences of medical education at Edinburgh, 1779, are by no means considerable. The student pays only 3 guineas to each of the professors, whose class he attends during the session ; 3 guineas for the practice of the Infirmary, and 3 for clinical lectures. For 2s 6d he has the right to read in the library for one year." The Professors at this period, were Cullen, Gregory, Black, Munro, Home, Hope, Young, Stewart, and Robinson.

In the Reports of the Commissioners of the Universities of Scotland, 1837, 1839, are some curious revelations. There have been probably fewer rejections at the University of Edinburgh, than at any other examining board, excepting the College of Physicians of London. Dr. Allison says, "If a rejected student wishes to graduate, he is examined again in a few weeks ; Dr. A. admits that the candidates generally did not write their theses ; and he states, that not half so many English students were rejected, as Scotch, and Irish. Dr. J. Thompson said, that good classics had more difficulty in speaking Latin, than those who had been prepared for examination. Dr. Home remarked, that the Latin was often so barbarous, that they could not get at the meaning of the candidate." Examinations in midwifery were instituted about 1826 ; the candidate for the degree of M.D. at this University, *need only be 21 years of age*. I find by the Reports alluded to, that from 1776 to 1826—2792 students graduated in Edinburgh during these 50 years ; but I have made an analysis of the names published in the *Edinburgh Medical and Surgical Journal* from 1805 to 1850 ; the lists for the years 1846, 1848, and 1849, for some reason, being omitted. The number in these 42 years is as follows :—36, 19, 43, 51, 57, 62, 89, 43, 58, 62, 83, 76, 92, 103, 117, 121, 101, 113, 93, 110, 139, 160, 93, 99, 107, 120, 112, 110, 110, 117, 126, 105, 98, 119, 111, 103, 87, 91, 65, 79, — 58, — 67, — ; 115. Of these I find, 1058 were from England, 39 from

Wales, 982 from Ireland, 1,270 from Scotland, 456 from our Colonies, including a few from other countries. I do not discover the name of one Frenchman among these. It will be observed that about a third only of the above were Scotchmen.

The College of Physicians of Edinburgh was established by charter from Charles II, 1681, and any person who had obtained a degree (by purchase or otherwise) from the Scotch Universities, was admitted without examination, by paying the fees, which in 1689 amounted to about 55*l.*; at this period there were 35 members. Recently an examination has been instituted, but it is more as a matter of form, and the candidate's money, character, and university degree, are the chief requisites. The fee, as I have before stated, is 130*l.* for a resident, and 80*l.* for a non-resident fellow. The only privilege claimed by this College, is the exclusive right of its members to practise as physicians, (although nearly all are general practitioners,) within the boundaries of the ancient city, and one of its suburbs. Like the College of Physicians of London, it more resembles the Carlton Club, than a scientific institution.

The College of Surgeons was first erected into a corporation in 1505, and its privileges extended by William III. 1778. No person is admitted to practise surgery or pharmacy in Edinburgh, until he has been admitted a member of this College; and this restriction extends to the counties of Lothian, Berwick, Fife, Peebles, Selkirk and Roxburgh. In 1779 there were 32 members—the entrance fee for the Fellowship is now 250*l.*; apprentices of Fellows, 100*l.*; for an assistant surgeon in the Navy, 4*l.* 19*s.* 6*d.*; for an ordinary member, 7*l.* 5*s.*; from 1790 to 1826, 2,802 persons became members of this College; the affairs of the College are managed by the Fellows, (about 90,) who, to use the words of Mr. Wood, Parliamentary Evidence, Question 2180, “sit as a democratic body,” but they pay an aristocratic price for their power.

The Royal Infirmary was instituted in 1736, and opened for the reception of patients in 1741, and the number of beds (1778) seldom exceeded 180. Up to the year, 1778, the deaths in the Infirmary are said to have been 1 in 25. At the present time the surgical beds are about 80; the medical 150, and sometimes the fever cases, swell the total number of beds to 400. I copy the notes I made respecting my first impression on seeing the Infirmary of Edinburgh. A dirty, dingy, looking building, in a bad situation, with fever and miasma marked on its walls. The wards deficient in neatness and comfort; some of the windows without blinds, and the beds curtainless. I learnt that nearly every clinical clerk took fever in this institution, and that a great many students in Edinburgh annually fell victims to this disease. In 1839, 4,903 patients were treated at the Infirmary, and 2,244 were fever cases.

The following notice, I learn, *now* disgraces the walls of the Infirmary. When I was in Edinburgh, I believe it was not visible; if I had seen it I would not have entered the institution; I have the satisfaction to know that the Infirmary received more than three guineas from my purse; but observe the notice:—“That those who have attended hospital practice elsewhere, and possess a degree or diploma, can attend the practice of the Royal Infirmary by paying £3 3*s.*, but

it will not entitle them to a certificate of having done so, and their names will not be registered in the album."

How many Scotch students have I known in Paris, who have had the run of all the hospitals, and have obtained certificates without paying one farthing! In Scotland nothing is to be had without money. I was obliged to pay one shilling to see the Museum of Natural History; and at the College of Surgeons, I was compelled to purchase a catalogue for 2s. 6d. before I could learn the history of the preparations in the Museum; no catalogue being kept for visitors. At W. Hunter's Museum; and at the Andersonian Museum, at Glasgow, a shilling is demanded for admission, and at the former an additional 3s. 6d. for the catalogue. These are things that every Scotchman must be ashamed of. Mr. Syme, in his pamphlet on Medical Reform, boasts that 200,000*l.* have been bequeathed to the University of Edinburgh by government: 500*l.* a year for the salaries of the medical professors, besides 575*l.* annually for the support of the library. Mr. Syme, in the same pamphlet, speaks of the superiority of the mode of election of the University Professors; he says, "All the medical teachers of the University, not appointed by the Crown, are chosen by the Lord Provost, Magistrates, and Town Council—not as in London, merely from the pupils of the schools, or rather the still more narrow circle of aspirants, who by filling in succession the position of dressers, assistants, demonstrators, or other subordinate places, are regarded as having a claim to preference; but with perfect freedom of selection, and without any admission of respect being due to local connexion." I was invited, when in Edinburgh, by Dr. H. Bennett, to hear a lecture on the arteries, and on entering the room, I saw numerous grave and reverend looking seniors, whom I took for some of the medical *savans*. Dr. Bennett finished his discourse on the arteries, with the captivating assertion. "That the doctrine of the muscularity of the arteries, taught by Hunter, and that of spasm of the extreme vessels, as first promulgated by Cullen, in this University, were both correct, and that every thing we knew of physiology, proved it." At this time the contest for the chair of the Institutes of Medicine between Dr. Bennett and Dr. Martin Barry was going on, and these old gentlemen were the town councillors; (Edinburgh shopkeepers,) who were to decide this knotty point. What an apology for the *concours*! I agree, however, with Mr. Syme, that even this mode of election is far better than that which prevails in London. Edinburgh has always been famous for paper wars, and rows among its professors, and doctors, occasioned, I believe, chiefly by the jobbing and intrigue attending university and infirmary appointments. The learned Dr. Gregory, of "Conspectus Medicinæ" notoriety, did not hesitate to designate Dr. Duncan, the author of the *Commentaries*, as an idiot. The history of Edinburgh's medical squabbles would fill volumes. The Professor of Pathology, at this University, is a Homœopathist.

There are now no private medical schools in Edinburgh. The Societies are the Medico-Chirurgical, instituted in 1737, and incorporated by charter, 1778. The Hunterian, and the Obstetrical.

Periodical Medical Literature of Scotland.—The first Journal I can meet with, published in Edinburgh, is *Medical Essays and*

Observations, 6 vols, commenced in 1731, and conducted by a society in Edinburgh. This Journal contains papers by Drs. Plummer, Monro, Porterfield, Pringle, Dundas, Martin, Simson, Thompson, Short, Crawford, and by numerous gentlemen, who called themselves chirurgion-apothecaries. At this time every practitioner in Scotland dispensed his own medicine. Some of these papers and cases would not bear an unfavourable comparison with many of our modern productions. *The Physical and Literary Essays*, 1754-65, 3 vols. *The Medical and Philosophical Commentaries*, by Dr. A. Duncan, 20 vols, 1774-1795, conducted by a society in Edinburgh until 1779, when they were collected and published, by Dr. A. Duncan. They contain some papers of great interest. *The Annals of Medicine*, 1796-1804, 8 vols, edited by the Drs. A. Duncan. *The Edinburgh Medical and Surgical (Quarterly) Journal*, 75 vols, began in 1804, and continued to the present time. *The Edinburgh Journal of Medical Science*, 1826, 1827, 3 vols. *The Edinburgh Monthly Journal*, 10 vols, commenced in 1841, and first edited by Dr. Cormac. *The Northern Journal of Medicine*, 4 vols, 1845-1846, the editors, Drs. Sellar and Kemp. *The Glasgow Medical Journal (Quarterly)* 5 vols, 1828-1832, conducted by Drs. Mc Kensie, Weir, and Lawrie. *The Glasgow Medical Examiner*, 1 vol. 1829 and 1830.

I have already extended this article to a greater length than I at first anticipated, and my space will not allow me to say much about the practice. The clinique of Dr. Allison, the author of the Practice of Medicine, is much followed, and he is universally respected. The mode of conducting pathological examinations at the Edinburgh Infirmary, is generally superior to that adopted in London and Dublin. The Botanic Garden offers great advantages to those students who avail themselves of them.

The diseases most prevalent in Edinburgh are scrofula in all its various forms, including tubercle, skin diseases, and affections of the bones. Pleuritis, and pneumonia, are also very common. I saw three cases of empyema with external openings through the sternum. Scurvy prevails in some districts, and those who have visited Scotland must have observed, even among the more wealthy classes of the community, the red, swollen, spongy state of the gums. I was struck with the number of intestinal concretions in the Museums; and on enquiry I found that these were much more prevalent some years ago, when the inhabitants ate a greater quantity of oatmeal. They are generally formed in concentric layers, and contain phosphate of lime, with other vegetable and animal matters. I have examined several of these concretions, from the intestines of the horse, and they have generally a small stone for a nucleus. The horses of millers, that eat a large quantity of bran, are more subject to these formations. Fever occurs to a fearful extent in Edinburgh. There are no statistics that can be much relied on; but Dr. Stark has taken great pains to investigate the amount of mortality. By ascertaining the number of coffins made, and by other enquiries, he was enabled to publish the annual statistics of the mortality. In 1847 and 1848 in Edinburgh, exclusive of Leith, and without including the months of December, 2440 persons died of typhus fever; 1517 in the former year, and 923 in the latter. I find by the Registrar General's Re-

ports, that from 1840, to 1847, the deaths each year in London from typhus amounted to 1287, 1165, 1189, 2098, 1696, 1301, 1796, 2184. During these 8 years the deaths in London, from remittent and intermittent fevers were 487. When the population of the two cities is taken into account, the disproportion is enormous. I had an opportunity of seeing much of the practice of Professor Simpson, whose kindness and attention to strangers are proverbial: his merits are too well known to need any eulogy from me. If Dr. Simpson had been a *poet*, instead of a *physician*, his deserts would ere this have been *substantially* rewarded by the government.

Glasgow.—Three degrees are granted in this city; two by the University, M.D. and M.C. and another by the Faculty of Physicians and Surgeons. The price of the diplomas has already been described at page 27. The Faculty exercises its privileges only in the four counties of Ayr, Renfrew, Dumbarton and Lanark; and it was decided by the House of Lords (Parliamentary Evidence, Question 2267) that a graduate of the University could not practise surgery in these counties. These jealousies and bickerings have tended much to retard the progress of science.

The University of Glasgow was instituted by a Bull from Pope Nicholas, and founded in 1450 by Bishop Turnbull. The professors at this University, as at the other Universities of Scotland (excepting some at Edinburgh), are chosen by the Crown, and the system offers a fine field for political intrigue and jobbing. I find from the reports before mentioned, that from 1776 to 1830, 574 graduated in Medicine at this University.—90 of these were from England, 180 from Scotland, 135 from Ireland, 19 from the British Colonies, and 21 from foreign countries.—From 1817 to 1830, 265 took the degree of *Magister Chirurgiæ*.—10 of these were English, 104 Scotch, and 82 Irish. From 1826 to 1836, 523 graduated in medicine, and 194 took the degree of *Magister Chirurgiæ*.—72 of these were from England, 293 from Ireland, 303 from Scotland, and 21 were foreigners.

The Hunterian Museum left in trust by Dr. William Hunter, 1783, was valued (including books and prints) at 120,000*l.*; he bequeathed also 8,000*l.* towards its support. The preparations of the gravid uterus, and of the placenta, made by Hunter, will scarcely satisfy the expectations of the physiologist.

The Royal Infirmary, a large building, was opened for the reception of patients, 1794. It contained in 1848, when I visited it, about 200 patients. Some of the wards are large, but the general neatness and comfort of an English hospital are wanting, and the important drawback is the absence of sufficient funds. It is supported by voluntary contributions, and managed by directors, who elect the physicians and surgeons; the former hold their appointments for 3 years, the latter for 2. In Glasgow the medical practitioners generally, are very badly paid for their services, and in some parts of the city the windows of the *Faculty* may be seen ornamented with *wares* that are not legitimately employed in the practice of the healing art.

St. Andrews is one of the most interesting towns in Scotland, and its University, founded in 1412, by Bishop Wardlaw, is the oldest. There are many objects that will well repay the curiosity of the stranger. The ruins of the beautiful cathedral, destroyed by the fol-

lowers of Knox ; the chapel of Greyfriars ; the castle ; the pulpit in which Knox preached, and the dungeon in which he was confined, made in the solid rock, are the most worthy of notice.

At this University, and at some of the others in Scotland, medical degrees were formerly sold to persons who could get two medical practitioners to vouch for their respectability. This state of things, of late years, however, is entirely changed, and under the professorship of the late celebrated Dr. John Reid, the examinations were greatly improved, and became of a *practical* character. Since the *selection* of Dr. Day the examinations are completely altered, but it is questionable whether the knowledge required of the student is so useful as formerly. There were five examiners in 1848, but now there are only three ; the examiners for *materia medica* and surgery, being abolished. I cannot refrain from noticing one extraordinary circumstance connected with this university, and if the graduates had the slightest control in the management of its affairs, it is one, I believe, that would instantly be remedied. Dr. Day, in the advertisement, names the books he wishes the candidate to cram himself with ; and amongst these, is his own translation of Vogel. What a preparation for a *practical* examination ; the candidate's head may be full to overflowing, with the contents of the thirteen books recommended for his perusal, and yet he may not know a hernia from a bubo, or an external aneurism from a phlegmanous swelling. *Practical* men, who at the *bed-side* would laugh at their examiners, are to go to school again !

The degrees granted at this University from 1800 to 1833, were 650, averaging about 20 per annum. From 1834 to 1850 the number of candidates each year has been, 13, 18, 12, 18, 24, 33, 31, 23, 36, 41, 53, 128, 59, 49, 25. *Of these 563 candidates, 87 were rejected.* Parliamentary Evidence, Question 5650. I cannot procure the number for 1849, but this year, 40 have been admitted. So that since 1800, about 1290 graduated at St. Andrews, the average 23 and a fraction per annum. According to the Parliamentary Evidence, 1838, of Sir D. Brewster, Question 5642. Of the £25 3s. paid for the diploma, the government gets £10 3s ; and when the examiners, arch-beadle, and clerk are paid, only £6 8s. is left for the University. The Professor of Anatomy gets two guineas, and the other examiners, one guinea for each graduate. Sir D. Brewster adds, (Question 5662,) "that it is the duty of the professors of anatomy and chemistry to examine, and they have no right to one farthing of the money."

Aberdeen.—There are two universities in this city. The University and King's College, situated in the old town (founded by Bishop Elphinstone in 1492) and the Marischal College and University in the new town, established 1593. These universities grant degrees in arts, law, medicine and divinity, but the former college disputes the right of the latter to grant degrees in the three last sciences ; so that a sort of parchment warfare has been carried on, as at Glasgow, and unseemly contention and strife about vested rights, have lately disgraced these halls of science. There is a medical school connected with each of the universities, and the students are admitted to the practice of the infirmary, which contains about 250 beds.

From an analysis of the published list of medical graduates of the University and King's College, from the year 1800 to 1849, I find the number admitted is 475 ; and, beginning with the former year, the annual amount of diplomas is as follows, 16, 13, 8, 10, 14, 6, 15, 13, 9, 11, 15, 9, 7, 16, 12, 9, 9, 9, 6, 8, 18, 16, 15, 8, 12, 4, 1, 1, 1, 1, 8, 7, 12, 5, 8, 34, 20, 33, 27, 29. Only 79 of the graduates are Scotchmen.

Marischal College and University.—According to the Report of the Commissioners from 1776 to 1830, 451 degrees in medicine were obtained, in the subjoined annual ratio : 0, 2, 5, 5, 2, 2, 5, 7, 13, 14, 7, 8, 8, 9, 9, 15, 14, 7, 6, 7, 7, 6, 1, 3, 7, 7, 7, 9, 9, 8, 8, 9, 2, 3, 6, 5, 8, 7, 8, 13, 14, 14, 16, 20, 10, 26, 21, 9, 16, 7, 7, 1, 3, 1, 4, 4.

The reader will perceive that the exclusive laws, at the English universities, and at the College of Physicians of London, have driven the English to Scotland to obtain diplomas ; the whole system is one of genteel peculation and robbery ; discreditable to the government that tolerates it.

In terminating these Medical Sketches of London, Dublin, Edinburgh and Paris, I must tell the reader that I have not generally depended upon other writers ; but upon my own observation, and the communications of gentlemen well acquainted with the subject, and I believe I can substantiate all the evidence I have adduced. My object, as I stated at the commencement, in placing these sketches before the medical public, was a *political* one. They have cost me much toil and trouble, but if I succeed in damaging one spoke, or in weakening one wheel, in the old corporate lumber cart of monopoly, my labours will be fully repaid. The editor of the Medical Register, 1779, says—“ There is, perhaps, no city in Europe where there is so great a variety of medical lectures, as in London, but, at the same time, we cannot help observing, with regret, that it is the only capital in Europe where there is no school of physic established by the government.”

This was written seventy years ago, and we have still nearly the same cumbrous, and complicated machinery, as at that period ; going nearly the same pace ; the old coachmen and guards, like Sam. Weller, preferring coaches to railroads, and John Bull not troubling himself about so *unimportant* a matter, as long as he has a *regular* doctor, and a *decent* funeral.

21, *Parliament Street.*

Nov. 20, 1850.

SCRAPS FROM OLD AUTHORS.

“ That a Practitioner in Physick, whether Physician or Apothecary, (as is facetiously said of *Don-Sangredo*,) may run through an *infinite* deal of *Practice*, nay, even *gain great Reputation also in this way*, without at the same time ever doing the least real good, unless *by chance* ; but rather doing all manner of *Mischief*, which can well be supposed from their defect of due Sagacity, with the other proper Qualifications of this Art.”—*Natural Sagacity the Principal secret in Physic*, 1710.

MULTUM IN PARVO. A PRACTICAL ABSTRACT OF
THE FOREIGN AND BRITISH JOURNALS, FOR JULY,
AUGUST, SEPTEMBER, OCTOBER.

(Continued from June, page 144.)

[Lectures are excluded, and original communications only noticed.]

El Observador Periódico de Ciencias Medicas y Naturales Barcelona, August, and September.—In confirmation of the opinion, of M. Abeille, of the efficacy of gamboge in some forms of general dropsy, a case is related from the Medical Journal of Burdeos, of a boy, æt. 16, affected with general dropsy, who was cured in 10 days. A grain of gamboge was given morning and evening, and the dose gradually increased. It is supposed to act beneficially, by stimulating, both the absorbent and exhalent vessels.—A case of aneurism of the abdominal aorta, in the Hospital of Barcelona, about which there is nothing remarkable, gives rise to some lengthened clinical observations, by Drs. Puig and Lletget. Aneurism must be a rare disease in Spain.—A robust countryman addicted to wine, and troubled with cerebral congestions, for which he was accustomed to be bled, went to Turin to witness the execution of 3 criminals; when he saw the procession, he was seized with rigors, trembling of the limbs, and loss of sight. He was taken to the Mauriziano Hospital, where he remained for some time, in a state of catalepsy; one bleeding was tried without benefit. The inhalation of sulphuric æther, had the effect of removing the catalepsy, and three other bleedings completed the cure in 5 days, when he left the hospital.—According to the statistics of the Military Hospital at Barcelona, for the month of July last, including medical and surgical cases; 442 patients were in the hospital; 324 were admitted; 358 were discharged; 18 died, and 390 remained in hospital. Of the latter, 30 were affected with continued fevers, 28 with intermittent fever, dysentery 2, scurvy 1, small-pox 1, angina 1, acute cerebral affections 1, chronic 1, acute affections of the respiratory organs 9, chronic 11, acute affections of the heart 3, acute rheumatism 3, chronic 3, dyspepsia 1, affections not admitting of classification 8, convalescents 6. In the surgical wards, there were 97 acute venereal affections, 26 chronic, ophthalmia 50, tumours 28, wounds 3, ulcers 41, hernia 1, scabies 10, various affections 24. The other tables of the cures, and deaths, are also given.

Annali Universali di Medicina.—Milan; March, April, May.—M. Linoli, in a paper on gonorrhœal ophthalmia, insists upon the necessity of making enquiries as to the true cause of the disease. In some instances, insufflations of calomel were used with apparent benefit.—Dr. Tigri, has a paper on the nature of tubercle of the lungs, with anatomico-pathological investigations. The microscopical drawings are not quite in accordance with those of other enquirers.—Dr. Tigri divides tubercle into the cystic and non-cystic; he believes that tubercular phthisis, under certain circumstances, may be communicated by contagion.—A man, æt. 60, October, 1849, was affected with acute pleuritis of the right side, followed by empyema. Dr. Linoli tapped the chest, February, 1850; an abundant quantity of pus escaped, and continued to flow at intervals, for some time. In July, 1850, the patient was in good health.—Dr. Criappa, in an essay on

the morbid constitution of the air, in the years 1849, 1850, gives some meteorological observations at Pavia, during nine months. In the spring, diseases assumed a highly inflammatory character; pleuropneumonix, dysenteries, and catarrhal affections were very common. The importance of attending to the state of the atmosphere, in connexion with the study of disease, is fully shown in Dr. Criappa's observations.—M. Porta, in hospital gangrene makes incisions into the healthy parts, and to these he applies the actual cautery. This mode of treatment has been the most successful M. Porta has yet employed, and he considers it both simple and efficacious.

Archives Générales de Médecine.—Dr. Bourgeois publishes eight cases of angina tonsillaris, to show the good effects of an antimonial emetic in the treatment of this affection, and the necessity of excluding depletory measures.—Dr. Aran describes a disease hitherto not recognized (*progressive muscular atrophy*). He records eleven examples of partial and general atrophy of the muscles. The muscular fibre appears to be converted into a fatty, cellular tissue; this may be only partial, or nearly all the muscles may be so affected. The muscles of the upper extremities are generally the first affected. The disease comes on spontaneously, and without any evident cause. Nearly all the patients are under forty years of age. The duration of the disease is long, and its progress slow. Dr. Aran thinks that treatment will be of no avail, in the advanced stage of the disease, but that local galvanism may be serviceable at the onset.—The report of the commissioners appointed by the king of Sardinia, is a very interesting document, by M. Boudin. The Cretins are generally of small stature; many not more than $3\frac{1}{2}$ feet high: they are thin, with a dirty complexion, and an unintellectual expression of countenance. As regards pathology, the report is deficient. In the valley of Po, hernix are common amongst them, and pellagra is not unfrequent: they are not often ill. The time of birth appears to exercise no influence in the development of Cretinism. As regards sex, 4,323 were males, and 5,236 females. Of the former, 1,120 were unaffected with goître, and 1,943 had this disease: 1,959 females had goître, and 891 were free from it. Of these 7,084 individuals, 4,440 were under two years of age; nearly all were born in the infected districts. The health of 1,904, was good; of 1,233, moderate; of 370, bad. The circumstances of 866, were good; of 1,728, moderate; and 1,361 were indigent.

Révue Médicale.—Dr. Raynaud, in cases of sterility and dysmenorrhœa, dilates gradually the neck of the uterus by means of wax bougies, and thus makes the barren woman fruitful. We believe that Professor Simpson of Edinburgh, first adopted this principle of treatment.—Dr. Legrand, in scrofulous diseases of the bones, believes that he has given the Tannate of Gold, with the best effect. It is in the diseases of the bones that this mineral exercises its curative influence; air, exercise, and diet, however are important addenda to the treatment; he also employs an ointment composed of litharge, sub-carbonate of lead, olive oil, and Venice soap. 22 cases are given. In some the per-chloride of gold and sodium were rubbed upon the tongue, and the oxide of the metal administered internally. So that there may be more, in the gilded pill, than meets the eye.—Dr. Perrin adds

many ingenious arguments to those before alluded to, on the importance of the study of physiological and medical periodicity.

L'Union Médicale.—M. Bazin, from numerous experiments he has made at the Hospital of St. Louis, in the treatment of Scabies, concludes that the Pommade d' Helmerich is the most efficacious ; but when the affection is complicated with eczema, ecthyma, impetigo, &c., that the oil of tar is the most useful. M. Bazin especially insists upon the importance of general frictions, well employed ; by his mode of treatment, he has reduced the sojourn of the patients in the hospital from 14 days to 4.—M. Malichecq speaks of the efficacy of the chloride of gold in the treatment of lupus. It is a powerful caustic, and the only contra-indication for its use, is excessive inflammation.—Dr. Boulland operated on 3 children in the last stage of croup ; all recovered.—A gentleman, æt. 62, died under the care of M. Desormaux, from hæmorrhage of the bladder, produced by a calculus. The bladder and urinary passages were sound, excepting an elevated point in the bladder, with 3 or 4 distended veins, as large as a crow-quill.—M. Jobert has added another case of cure of vesico-vaginal fistula to those before recorded ; the operation the same as the one mentioned, at page 182.—M. Morel-Lavallée had under his care a person affected with cancer of the tongue, who died suddenly from œdema of the glottis.—Dr. Duchêne has treated some neuralgic (sciatic) affections successfully, by the galvano-cutaneous method ; the metallic threads are collected together and applied to the skin in the form of a brush ; one process he calls the electric flagellation ; the other, the electric moxa.—M. Glassier treated 3 cases of chorea, by rubbing the spine twice daily with equal parts of chloroform and almond oil. The disease in all was quickly cured. In one case the movements disappeared in 7 days.

Gazette des Hôpitaux.—M. Grisolle records a case of enormous enlargement of the spleen, and death from gastro-intestinal hæmorrhage. MM. Audouard, Marchal, and Forget, have also adduced similar facts respecting the occurrence of hematemesis, in these splenic enlargements.—M. Bouvier gave the syrup of asparagus in large doses, (4 table-spoonfuls 3 times daily) in a case of hysteria, with nervous palpitations of the heart. The woman was soon cured.—M. Margerie has employed cauterization of the ear, with the best success in some cases of sciatica.—M. Néleton had under his care, a boy, æt. 6, who received an injury on the genitals ; the penis was dislocated, and was retracted into the scrotum, the skin only remaining. It continued so for 9 days, when it was replaced by operation ; a fistula in perineo remaining.—Dr. Bary mentions an instance of enormous enlargement of the spleen in a girl, æt. 18, who had no intermittent fever. The spleen weighed 13 *livres*, 3 oz. The cause of the enlargement was supposed to be the kick of a horse.—M. Chassaignac ligatured the common iliac artery for hæmorrhage from a cancerous tumour on the inner part of the thigh, extending into the pelvis ; the patient died the next day. This operation has not before been practised in France.—M. Robert, in 1847, when scarlatina prevailed as an epidemic, applied the pure hydro-chloric acid to the fauces, by means of a camel's hair brush, with much benefit.

Gazette Médicale.—M. Cazeaux believes that the *bruit de souffle*,

is seated in the arteries of the abdomen, especially in the iliacs ; and that it is due chiefly to the alteration in the blood during the pregnant state, and to the compression of the vessels by the gravid uterus.—A case of extensive ossification of the pericardium (visceral) in a woman, æt. 70, is related by M. Verneuil.—M. Brown-Segard has adduced some experiments upon animals to show the persistence of the reflex function, notwithstanding the destruction of the spinal cord : the experiments are not satisfactory.—Dr. Hoppe has cured many cases of lupus, by excision ; the part afterwards being covered with a portion of the neighbouring skin, (partial rhinoplasties.)—M. Douvin, in intermittent fever, employs a strong decoction of coffee, (roasted,) administered 3 times daily during apyrexia : the quantity to be increased if the paroxysm return.—In ulceration of the cornea, M. Tavignot, uses a solution of chloride of sodium. The proportion, about 1 of salt to 7 of water ; constitutional treatment, is also important.—M. Bossé of St. Petersburg, reports two cases of aneurism treated by galvano-puncture ; the first traumatic, at the elbow, cured ; the second, a thoracic aneurism was apparently relieved ; the first case we think, might have been cured with greater safety, by pressure.—M. Courty recounts 15 cases of Pellagra in the valley of Vernet and its neighbourhood, during 25 years, in a population of 2,000 ; the symptoms resemble those met with in Llandea, Italy and Spain. Cretins and infants are exempt from it, and it is neither hereditary, nor contagious ; it is always fatal, and towards its termination, diarrhoea, anasarca, ascites and paralysis, are frequent. Its causes are obscure, but M. Courty believes, that moral and physical degradation, are the chief : he calls it, *mal de misère*.—A girl, æt. 5, came under the care of M. Bouchacourt, with a tumour of the rectum ; the swelling was removed by ligature, and its contents found to be, the *débris* of a fœtus. The child recovered.—From experiments made in 166 cases of intermittent fever, by M. Maillot of Lille, as to the comparative effects of arsenic, and quinine ; he concludes that arsenic is a febrifuge of great power, but less certain than quinine, although the best substitute for it. The injurious effects of arsenic, immediate and ultimate, he has not met with.—A commission of inquiry of the Academy of Medicine of Paris, as to the effect of the *secale cornutum*, upon the life of the infant, and the health of the mother ; reports that whatever its advantages, it may, when injudiciously given, destroy the child, and produce injurious effects upon the mother ; that its interdiction to *sages femmes*, according to the present state of the law, would be impossible ; but that their rights, and duties, should be more accurately defined by the government.—M. Boinet states, that iodine injections will cure 4 chronic abscesses (*abcès froids et des abcès par congestion*) out of 6.—M. Chevallier states, that the workmen employed in the manufactory of quinine, are subject to a cutaneous eruption, and to a fever which they call "*quinine fever*." Good ventilation, and a different arrangement of the coppers, are the remedies suggested.

German Journals.—Dr. Friedleben who speaks of the paucity of our knowledge respecting foetal diseases, records a case of atrophy of liver, and another of cirrhosis in the fœtus.—Dr. Mayer has discovered two nasal bones not before described.—Dr. Szokalski

concludes that the branch of the fifth pair of nerves, which penetrates the eye, makes us conscious of the movements of the organ, of the size of objects, and of their position and distance. That visual power depends upon a combined action of the retina, and this branch of the fifth pair.—*Archiv für Physiol. Heilkunde*.—Dr. Camerer attended a man with typhus fever, who was affected with a very troublesome hiccough; he recovered however under the use of quinine and other means.—Dr. Camerer also records 11 cases of phlegmasia dolens: in 7 the right side was affected, in 4 the left—7 occurred from the 10th to the 14th day after delivery; 1, 8 days; 1, 6 weeks; 1, 12 weeks. The labours were generally easy. Dr. C. does not approve of depletion in the treatment of this disease, but calomel, opium, digitalis and frictions, are his chief remedies.—*Medicinisches Correspondenz-Blatt*.—Dr. Thomsen has employed the sulphate of cinchonine (a much cheaper preparation than quinine) with success, in the treatment of intermittent fever.—Dr. Hirsch disproves the opinion entertained by some, that phthisis is not common in malarious districts; he says it may prevail in countries where ague abounds, as an endemic.—Dr. Diruf reports an example of malignant disease of the stomach, with a fistulous communication between it and the colon. Ditterich has met with 6 cases of this kind.—Dr. Gødechens relates two cases of softening of the cranial bones in the infant: the softening was perceptible to the touch.—*Zeitschrift für die Gesammte Medicin*.—From the *Gazette Médicale*.

The American Journal of the Medical Sciences, July.—Dr. Harlow records an extraordinary case of recovery after the passage of an iron crow bar ($3\frac{1}{2}$ feet long and 13 lbs in weight, through the head). A portion of the brain was lost, but with the exception of the deprivation of the sight of one eye, the patient was in tolerable health. This is a more remarkable case than one recorded of the passage of the shaft of a chaise through the thorax.—Dr. Homans, in a case of acute pleurisy, tapped the chest about an inch below the left scapula; 18 oz. of serum were removed, and the patient recovered.—Dr. Dalton has noticed the deposit of urate of ammonia in the urine, in eleven cases: 3 of these cancer, 2 phthisis, 1 bronchitis, 1 scrofula, 1 typhus, 1 gangrene, and 2 after injuries. The most constant symptom was a disturbance of the functions of the stomach. Dr. D. has detected iodine in the urine of seven persons who were taking it.—The fluid of 10 hydroceles averaged 11 oz. in quantity, it was neutral in 3, and alkaline in 7.—Dr. Kimball ligatured the internal iliac artery for supposed aneurism; the man, æt. 35, died on the 16th day of hæmorrhage: a small ulcer was found at the seat of ligature, and no coagulum. *A large amount of Chloroform was inhaled during the operation*.—The autopsy was very imperfectly conducted. Some pocket-like cavities were observed near the ischiatic notch, but no aneurismal sac.—Dr. Trugien was called to a negro, who had been stabbed in the chest; the patient lived five days; the wound extended into the left ventricle of the heart, and a pint and a half of blood was found in the pericardium. Of twenty-nine cases of wounds of the heart collected by Ollivier, only two are said to have proved fatal within forty-eight hours.—In fifteen cases of lithotomy, reported by Dr. Spencer, two deaths occurred. The lithotome caché was used in

all. In two cases, the rectum was cut ; in another, the pudic artery was divided : but all these patients recovered.

The New York Medical Gazette, July, August, September, October.—According to the editor, criminal abortion is carried on to a fearful extent in this city. In three years the premature births and still born children amounted to 3,539.—In 1849, the deaths in New York were 23,773, being more than 5 per cent of the population. The average prior to this was $2\frac{1}{2}$ per cent. 5,071 of the deaths were from cholera. The mortality of New York is nearly double that of London.—Dr. V. Mott, Jun., in a case of giddiness, and head affection, ligatured the carotid artery in February last : the patient has had no return of his former complaint.—Dr. Warren, of Boston, reports that the Siamese twins are alive and well, and living on their farm in North Carolina.—Dr. Detmold, in a case of non-united fracture, where various means had been tried unsuccessfully, bored through both ends of the bone with a gimlet, with apparent benefit.—A man, æt. 25, a Pole, suffered for several months with severe headache, which was relieved by the appearance of *Plica Polonica*.—At the Massachusetts' General Hospital, 146 amputations of large limbs have been performed on 141 patients in twenty-seven years. Thirty-two of this number died ; ten after disease ; twenty-two after injury.

The Philadelphia Medical Examiner, July, August, September, October.—Dr. M'Kinley, of Virginia, recommends Strychnia in the treatment of intermittent fever : the dose, one-sixteenth of a grain every three hours ; in some cases the dose may be increased to a grain, three or four times daily. It is stated that the chill generally disappears on the second day. We fear that *cheapness* is more considered than *safety*.—Dr. Slusser, in the second stage of epidemic dysentery, has found great benefit from the administration of the nitrate of silver with opium ; the dose of the former, in one case, was $\frac{1}{2}$ a grain every three hours.—A remarkable case of extra-uterine pregnancy is related by Dr. Johnson. The pregnancy was abdominal : the child lived to the full period, and was contained in an adventitious sac : the child and placenta were removed by an abdominal incision. The woman (a negress) appeared to be doing well up to the 14th day, when diarrhœa came on, and she sunk on the 23rd. The interior of the sac was gangrenous : this cavity did not communicate with the abdomen or pelvis.—Dr. Travis was called to a lady who was in labor with her third child, which could not be delivered in the ordinary way, it being malformed : so the doctor performed the Cæsarean operation, and luckily, both mother and child did well. Nothing can justify the operation under such circumstances.—Dr. Ramsay, of Georgia, in a paper on Obstetrics gives the statistics of 473 cases of midwifery, and says that death in child-bed is a very uncommon occurrence in Georgia ; all his patients did well ; but Baudelocque lost 1 in 24. No wonder that medical statistics are in disrepute ! Dr. Upshur says, " After a fair trial, I believe that croton oil is the best single remedy in acute rheumatism : " he concludes that blood-letting possesses no direct curative power in the treatment of rheumatism.

The Scalpel, August.—The commissioners appointed to investigate the condition of the idiots, in the State of Massachusetts, report that

there are 1,400 or 1,500 of these poor creatures in this State, and that their general condition is most deplorable. Inter-marriage of relatives is spoken of, as one of the remote causes of this infirmity. Intemperance is another : and out of 359 idiots, the habits of whose parents were investigated : 99 were the children of drunkards.

Psychological Journal. October.—A paper on the history and present state of lunatic asylums, public and private ; will be read with interest. The writer concludes, that these establishments are in every respect, worthy of the confidence of the public. We wish we could view the matter in the same light ; but we possess some evidence that rather militates against this conclusion.—In some remarks on the trial of Robert Pate, for striking the Queen, the following excellent principle is enunciated : “ In every criminal case, where the question of responsibility arises in the course of judicial enquiry, if it be possible to establish any degree of positive insanity, it should always be viewed as a valid plea for a considerable mitigation of punishment, and as *prima facie* evidence in favour of the prisoner ; and in no case where insanity really exists, (without regard to its nature, and amount) ought the extreme penalty of the law to be inflicted.”—Dr. Hitchman gives some interesting statistical tables of the mortality at Hanwell. Of 103 patients who died, 94 were examined after death. In 54 the calvarium exhibited some slight departure from healthy structure. In $\frac{1}{2}$ the dura mater was preternaturally adherent. In 9 the longitudinal sinus was thickened by long deposits. In 37, (chiefly the aged) the basilar and cerebral arteries were atheromatous. In 4 tumors of the dura mater. In 90 the arachnoid membrane, was more or less opaque and thickened ; in 68 there was atrophy of the convolutions. Dr. Hitchman also notices other structural changes ; and in the examination of nearly 400 cases, (with one exception,) he has found some change in the structure of the brain, or its covering.—Dr. J. Webster's notes of a recent visit to the provincial asyla for the insane in France, are well worthy of perusal.

Lancet, July, August, September, October. Mr. Cottingham cured an encysted tumour of the labium by seton, in 3 weeks.—Dr. Barnes gives an analysis of 27 cases of natural labour in which chloroform was administered by Dr. Sacks ; one patient died of convulsions 19 hours after delivery ; in 4 there was laceration of the perineum ; in one metritis, and in 18, more or less diminution of the uterine contractions.—Mr. Russell records two examples of non-united fractures cured by the excision of the ends of the bones.—Two cases of aneurism of the anterior palatine artery are related by Drs. Castle and Herapath.—Dr. Marshall Hall has confirmed by subsequent experience, the correctness of his views respecting Trachelismus : a table of paroxysmal seizures is appended to his seventh essay ; giving the causes, mode of action, and means of prevention of these seizures.—Two instructive cases of gangrene are published by Mr. Reeves ; in the first, it was not necessary to use ligatures after the amputation ; the patient died : in the other, nature was left to her own resources, and the result was favourable.—In a case of wound of the femoral artery, Mr. Waterworth opened the sac, and tied the artery above and below ; the patient did well.—Mr. Jones recommends the use of cotton wadding for bed-sores and varicose ulcers.—In Indian rheumatism Mr. Bird gives the wine of colchicum, twice or three times

daily, in a weak solution of tartarized antimony, with liquor potassæ, and tincture of hydro-chlorate of morphia. By this means free action of the skin and kidneys, is kept up.—Dr. Arnott advocates a low temperature (frigorific mixture) in the treatment of cancer: a case of cancer of the uterus is related in illustration.—Mr. Bennett was called to a girl who had a strychnine mixture prescribed for amurosis: although told of the dangerous nature of the medicine, she allowed a little girl to give her a large dose: she had tetanic spasms at intervals, and died in a short time.—In a severe case of purpura hæmorrhagica, Dr. Roe gave gallic acid in 3ss doses, with success.—Mr. Howard, with Weiss's dilator, in 2 hours, extracted a calculus from a girl's bladder, which weighed 3xviii.—Dr. Wilson describes the dumb-bell crystals of uric acid, found in the urine. Dr. Fricke in the American Journal of the Medical Sciences for July, has a paper on their *relation* to uric acid; drawings are given by both gentlemen.—Mr. Dunn in a case of hemiplegia, with loss of speech from cerebral softening: on the application of the electric current (powerful), found that only two muscles of the paralyzed arm, were feebly excited, whilst the sound one, was thrown into energetic action. Dr. M. Hall (Lancet, Nov. 9) objects to Mr. Dunn's experiments on the ground, that the galvanism was not first used of low intensity, and its quantity gradually augmented. Dr. Hall thinks that Mr. Dunn and others, have been unfortunate in their selection of cases, and in the previous diagnosis.

Medical Times.—Dr. Walshe concludes, from statistical deductions, that there is a greater tendency in tuberculous stock to multiply, than in the population at large.—Dr. Rigby describes a case of displacement of the ovary, attended with severe pain; an affection that has hitherto been but little understood.—Dr. B. Lane employs an aqueous extract of the linum catharticum, (5 or 10 grains, 2 or 3 times daily) as a diuretic and cathartic in catarrhal maladies, chronic rheumatism, and ascites.—Dr. Laycock speaks highly of the employment of electro-galvanism, in what he calls "cerebral hysteria."—Dr. Waller relates a fatal case of placenta previa, where turning was had recourse to.—Mr. Hunt on the medicinal action of arsenic in cutaneous diseases, says that 63 out of 75 practitioners, who responded to his queries, stated that they had used arsenic successfully in cutaneous affections in about 3,000 cases. *There are some important interrogatories, we think, that have been omitted.*—Dr. King adduces some interesting evidence to show the gaseous origin of cholera.—Mr. S. Wells remarks on an injected preparation of the lower extremity, 20 years after the ligature of the femoral artery by Dr. Porta of Pavia. New and direct anastomosing vessels are supposed to have been developed within the clots of the obliterated artery.—Mr. H. Smith ligatured the external iliac artery, in a case of aneurism of the femoral artery. The patient recovered, but we see no reason why the aneurism might not have been cured by pressure, as suggested by Mr. Fergusson.—Mr. Bateman operated upon a child for a bad case of hare lip, 4 hours after birth: the operation partly succeeded.—Mr. Lizars of Edinburgh condemns the perineal section in stricture, believing with the late Mr. Liston, that it is unnecessary: he quotes four cases to show the injurious results of Mr. Symes' operations.

(To be continued.)

LONDON MEDICAL EXAMINER.

JANUARY, 1851.

ON THE SALE OF POISONS IN THE BRITISH DOMINIONS.

IN our opening address, we stated that one of the objects we had in view, was to enforce the necessity of a restriction on the sale of poisons, believing that numerous lives are annually sacrificed by the facility, with which poisonous substances can be procured in this country. In our sketches of the laws and medical institutions of France, we stated that the *pharmaciens* are not allowed to sell poisonous drugs, unless a certificate be obtained from the proper authorities, and that those even, who sell herbs, are compelled to undergo an examination, as to the properties of the plants they vend. The "mystery men" among the North American savages are supposed to have devoted much time and study to the drugs they administer. In this country of liberty and freedom, no such restrictions are enforced. If a man wants to poison himself, or any body else, no obstacles are thrown in his way; thousands of shops will supply his wants, provided he has the means of paying for them, and is ready with the lie. Romeo would have had no difficulty in procuring poison in England.

" There is thy gold; worse poison to men's souls,
Doing more murders in this loathsome world,
Than these poor compounds *that thou may'st not sell.*"

But what have our legislators to do with an *unimportant* matter of this sort? If a few hundreds are yearly sent to their last home, what is it to them? They have business of greater moment to attend to. What care they about the *qualifications* of the dispensers of poisons, or of the numbers who take them? What does it concern these gentlemen, if thousands of helpless infants are drugged into the sleep of death, so long as the revenue is benefitted by the sale of the gin, which debases the mind of the mother, and leads her to care more about her own comfort, than the welfare of her child? But we have an aristocratic Board of Health, and why should we complain of lordly rule? What has medical science to do with the health of the people?

Are our opinions respecting the injurious effect of this system exaggerated? Let public documents, which are beyond dispute, bear witness; let the records of burial clubs, the reports of our police offices, and of our courts of justice, proclaim their testimony to the damning fact. According to a parliamentary return, printed at the instance of Mr. Stanford: of the number of persons tried in the United Kingdom for murder, and attempts to murder by the administration of poison, during the 11 years from 1839 to 1849, both inclusive, gives the following results. Tried at the Central Criminal Court, 33 persons; viz. 18 men, and 15 women. Of the whole number, 16 were convicted of murder, and 15 of attempts to murder. Tried at the Home Circuit, 13 persons, convicted 3. Midland Circuit, 17 tried, 4 convicted. Norfolk Circuit, 22 tried, 9 convicted.

Northern Circuit, 13 tried, convicted 11. Oxford Circuit, tried 23, convicted 8. Western Circuit, 20 tried, convicted 10. North Wales, 10 tried, convicted 6. South Wales, 5 tried, convicted 1. Scotland, 15 tried, convicted 7. Ireland, 23 tried, convicted 13.

But this return does not give the reader one tithe of the evil of the system. According to the Registrar General's Report, during six months, ending the 29th of September last, 22,816 persons died in London, *and fifty-one of these from poison*. But how many instances of poisoning are there that evade detection? How many children are quietly narcotized into their graves? How many are there who escape the more immediate effects of the poison, and afterwards fall an early prey to its baneful influence? Observe the squalid and unhealthy aspect of many of our manufacturing population; the prevalence of tubercle and dyspepsia amongst them; their brief span of existence, and ask whether the mischief has not been sown in infancy? In Ashton (according to returns lately published) sixteen druggists sold six gallons per week of *Godfrey's Cordial, Mother's Quietness, and Soothing Syrups*. In Preston, twenty-one druggists sold 68 lbs. of narcotic mixtures weekly. The subjoined is only one, of the cases of daily occurrence, but unfortunately the mischief is seldom brought to light.

"On Saturday, Nov. 30th, 1850, an inquest was held by Mr. Carter, at Camberwell, to enquire into the deaths of two infants, the children of a man and woman, named Buckley. The father was a journeyman carpenter. A few days since, the children being very restless, the mother sent for a pennyworth of Godfrey's Cordial, and administered about a third of a tea-spoonful to each. They soon fell into a deep sleep, and remained so until the mother became alarmed, and sent for Mr. Flowers, a surgeon, who stated that they were suffering from the effects of a narcotic. He administered the usual antidotes, but, notwithstanding every effort, the children expired. The Jury returned a verdict, 'That the children died from the effects of Godfrey's Cordial, administered by the mother inadvertently.' They also strongly condemned the use of this medicine."

As regards suicide, it may be said, that if a person is disposed to take away his own life, he will do so, in spite of legal restrictions. But suicide is often the result of a *momentary impulse*; let this be thwarted, and life is saved; the man who one hour, "*would shuffle off this mortal coil*," the next, would be ashamed of his cowardice. The individual who could not procure poison might be afraid to attempt self-destruction by other means. The writer of this article made an analysis some years since of seventeen cases of poisoning which came under his care, in fourteen years; he found that the poison was generally procured a short time before it was swallowed, and that it was obtained without difficulty. Of ten of these persons, whose lives were saved, he has not heard of one, who has made a second attempt at self destruction.

We have surely said enough to convince the most incredulous, of the necessity of an *immediate* remedy for this crying evil. The one we suggest is, that no person shall be allowed to procure a poison of *any kind*, without an order from a magistrate, a clergyman, a medical man, or the registrar of the district, and that arsenic, the most common instrument in the murderer's hands, shall be coloured, and scented, before it is *retailed* to the public. Some few rats and mice may escape death by this arrangement, but our business is with preservation of *human* life.

ON THE PUBLIC CONVEYANCES OF LONDON.

MORE than twenty years ago, we were in the habit of riding frequently in the Paris omnibus ; a nice, roomy, well ventilated vehicle, with plenty of space for knees and elbows, where a duchess might sit at her ease, and the asthmatic patient breathe with the same freedom as in his own chamber. The conductors well dressed and civil ; the coachman going a steady pace, but though rather tortoise-like, he reached his destination without *loitering on the road* ; he gave his passengers time to get fairly seated before he started, and did not endanger their lives and limbs by jolting them off the steps at their departure. Drunken people, bundles of linen, sheep's heads, baskets of fish, and other offensive articles, were not permitted to annoy the eyes and noses of the travellers, and dirty straw did not encircle their feet. Moreover, for three-pence a person could be put down in any quarter of Paris. The above description will apply to the present mode of travelling in Paris, as well as to that of 1829. At the latter period there was not an omnibus in London. But why are our vehicles so badly regulated ? Simply because government takes no concern about the matter, so long as it gets the *duty* ; like the sale of quack medicines, the *money* is the *object* ; the public welfare is a secondary consideration. But what has this question to do with a Medical Journal, it will be asked ? We have introduced the subject, because we believe it is one that materially concerns the public health. It is nothing to us if people wish to be squeezed and wedged together like the oxen at Smithfield ; this and other matters, we could name, do not come within our province, but if we can shew that many persons lose their lives, by the bad arrangement of our public conveyances in London, our time will not have been unprofitably occupied. We need not inform medical readers that a certain number of people require a given quantity of pure air, for proper respiration, and that, according to the present size and ventilation of the London omnibus, they cannot obtain this ? That if a person predisposed to illness breathe such an atmosphere, as he is frequently subjected to, in one of these carriages, he must soon be on a sick bed. That an individual, during the prevalence of cholera, or any other epidemic, when the tendency to disease, and the preservative powers of nature, are nicely balanced, need only get into an omnibus to turn the scale. If rheumatism should be his bane, he may obtain draughts without a doctor's prescription ; or he may inhale the vapours from bundles of dirty linen, reeking from the bed of contagion.

Let us now turn to another evil respecting the public health, that has been entirely overlooked. At the commencement of the present year, we attended a very beautiful woman, who fell a victim to that former scourge of the human race, small-pox. A few days before the eruption appeared, she was on board a steam boat at Southampton. The man who gave the cheques, had his skin covered with small-pox pustules. This lady believed she had taken the disease, before it appeared, and thought that it would prove fatal. But who can get into a hired vehicle of any kind in London, and feel sure that the lining is not saturated with the miasms of small-pox, scarlatina, or typhus ?

We see no chance of redress for these evils, until we have a Board of Health properly constituted, and a government that thinks more of the public good, than of *public* pensions. There is no reason why the conveyances of London should not be as comfortable and as salubrious as those of Paris. We would have vehicles in various districts for the express purpose of carrying those affected with contagious diseases ; and we would inflict a severe penalty upon those, who by infringing this law, endangered the health of the community.

ON THE STATISTICS OF THE RUPTURE OF FALLOPIAN AND OVARIAN CYSTS.

By EDWARDS CRISP, M.D. Physician to the Metropolitan Dispensary.

In the second number of this Journal (page 37) I recorded three cases of spontaneous rupture of ovarian cysts, which I had seen during life, and had also an opportunity of inspecting the bodies after death. I stated that my object was to direct the attention of the profession, especially to the spontaneous rupture of ovarian cysts ; a lesion very likely, when the cyst is small, to be overlooked ; and one which I thought would hereafter be found not an unfrequent cause of peritonitis, now generally thought to be idiopathic. In my Essay on Perforations of the Stomach, 1843, I stated my belief that many young females die from this cause, who are supposed to fall victims to idiopathic peritonitis, a disease of very rare occurrence. Subsequent experience has proved the correctness of this opinion. When I wrote the first-mentioned paper, I was aware that there were many cases on record of death from the rupture of large ovarian cysts, *but I did not then know, nor am I at present acquainted with any author, who has spoken of the spontaneous rupture of small ovarian cysts, as a cause of fatal peritonitis.* In the last number of Ranking's Abstract, I find the following remarks on my Essay. The Editor not liking I suppose the *politics* of the Medical Examiner, has excluded its name from his pages.

"3. *Ovarian Cysts ; Spontaneous Rupture of.*—Our preceding volumes contain instances in which this event has taken place, both with a favourable and unfavourable result. Mr. Crisp has enabled us to add to their number, by the publication of three cases. The first was, in all probability, rather an instance of fallopian pregnancy than ovarian cyst. In the second case a distinct cyst was formed, with an aperture the size of a sixpence. The same was the case in the third instance. These cases were all fatal, preceded by symptoms indicating rupture of some internal viscus, with effusion into the peritoneal cavity."

I have carefully examined the cases mentioned by Mr. Ranking, and I do not find one, similar to those related in the paper he has alluded to. When I commenced this article, it was my intention to have given a table of all the cases of spontaneous rupture of the ovary that I could meet with ; but on referring to a great number of cases of this description, I am obliged to conclude that it would be impossible to make such a table available for any *practical* purpose ; the examples, many of them, being of a doubtful kind, and the symptoms in several instances, I think, not warranting the inferences drawn from them. Dr. Tilt in the Lancet, August 1838, has formed a table of 34 cases of rupture of ovarian cysts, with an effusion of

their contents into the peritoneum. Dr. Tilt draws the following conclusions from them: "20 were successful, 4 were partially successful, and 10 were fatal." I refer the reader to this table, and in my subsequent remarks I shall only allude to 3 of these 34 cases. All who have seen much of abdominal tumours, are aware of the difficulty of diagnosis: probably there is no class of diseases that gives rise to so much difference of opinion, and that leads to so many erroneous inferences. I could if it were necessary, adduce abundant evidence of this. The late Mr. King of Saxmundham, cut into the abdomen for the removal of a supposed ovarian cyst, but when the incision was made, no tumour could be found; the patient quickly recovered.

Encysted tumours of the ovaries and fallopian tubes, may ulcerate and discharge their contents, whether serous or purulent, into the peritoneum, intestines, bladder, womb, vagina, or through the abdominal parietes. I saw a woman several years since, with Mr. Beane of Peckham, who had a circumscribed swelling, as large as an orange, in the left iliac fossa: the patient had diarrhoea, and was in a state of great emaciation, and her life was thought to be in great peril. She passed a large quantity of hydatids per anum; the tumour disappeared, and she recovered. Dr. Ingleby (*Lancet*, 1840) was called to a patient who had a large ovarian cyst, the contents of which burst into the intestines, and were discharged by vomiting (11 or 12 gallons). The quantity passed in three days, which was measured, amounted to twenty-eight pints. The woman recovered, but a solid tumour as large as a child's head remained. Mr. Robarts (*Lancet*, 1840) has published an instance of supposed abscess of the ovary which opened into the colon, and also externally, Langstaff (*prep.* 1543) relates a case of abscess of the ovary communicating with the rectum. In the Hunterian Museum of Glasgow, preparation 57 shews abscesses in both ovaries, with ulcerated openings into the bladder. Mr. Cook (*Medical Gazette*, 1839) met with an instance of abscess of the ovary, with an opening in the ilium. Sir A. Cooper says, I have known the ovarian cyst glued to one of the intestines, and the fluid in this way discharged. Dr. Lambrecht (*Medical Gazette*, 1845) mentions a case in which pus was twice discharged from an ovarian cyst through the navel. Dr. Churchill (*Dublin Journal*, 1843) has published 23 cases of what he calls abscess of the uterine appendages, but nearly all these are of a doubtful character.

Some remarkable cases are on record of the discharge of the contents of these cysts into the bladder. Langstaff mentions a woman, *æt.* 44, whose abdomen was distended with a large ovarian cyst; she was suddenly seized with an immense discharge from the bowels and bladder, which deluged the bed and room; the abdomen became flaccid, and the patient appeared to rally for a short time. Openings were found in the colon, and fundus of the bladder, communicating with the cyst, (*prep.* 1541). Dr. Ingleby, (*Lancet* 1840) attended a woman, who laboured under dyspnoea from fluid in the abdomen; something appeared suddenly to give way, and she passed with her urine several gallons of thick albuminous fluid, mixed with shreds of coagulable lymph and hydatids. This returned at intervals during a year; the abdomen became flat, and perfect recovery took place. It

is difficult sometimes to determine whether the fluid has passed into the bladder or into the peritoneal cavity. At the Société Médico-Pratique de Paris, April, 1848, M. Dobigny related a doubtful case of this kind, and enquired of the members which was the most probable; rupture into the bladder, or into the abdomen? But no satisfactory answer was elicited.

The contents of the cyst have not unfrequently been discharged through the abdominal parietes; but in some of the recorded cases, I suspect the fluid was not encysted. Dr. Ingleby, (*Lancet*, 1840) saw a woman within a few minutes after the fluid of a large abdominal cyst had escaped through the abdominal walls. The patient perfectly recovered, and was alive some years afterwards. Sir A. Cooper mentions two cases of this kind, and Abernethy, S. Cooper, Ramsbotham, and others have added similar examples.

Rupture of an ovarian cyst may take place from violence, and its contents be removed by the absorbents. Mr. Lowdell, (*Memoirs of the Medical Society of London*, 1792,) speaks of a lady, *æt.* 21, who was as large as a pregnant woman at the full period of gestation, from a swelling of the belly. On the 4th of October, 1781, she was thrown out of an open chaise. On the fourth day of the accident she began to pass large quantities of water, and in four days the quantity was computed at 18 quarts. The swelling disappeared, and she gradually recovered. Mr. Eager, (*Provincial Journal*, 1846) visited a patient, November 13th, who was the subject of ovarian dropsy, and who had distressing vomiting from medicine which she had taken. On the 15th, symptoms of sub-acute peritonitis appeared; on the 17th no vestige of the ovarian tumour remained, but the abdomen was as large as before; she evacuated 4, 5, and 6 quarts of urine daily for three or four days, and was rapidly recovering. Mr. White, (*Buffalo Medical Journal*, 1845) was called to a widow, who fell with her whole weight upon a large ovarian tumour, which had existed for 15 years. The sac was ruptured; severe peritonitis followed, but the patient gradually recovered, and lost all trace of the swelling. A woman, *æt.* 44, was admitted into Guy's Hospital, with swelling in the left iliac region; she was about the size of a pregnant woman at seven months; she fell from some steps and burst the tumour; peritonitis followed, but she recovered, and the remains of the cyst could only be felt. I find the cyst (*prep.* 1975) is now in the Chatham Museum. Delpech, (*Chirurgie Clinique*, vol. 2, page 173,) had under his care a girl, *æt.* 20, who when moving suddenly in her bed, ruptured an ovarian cyst; peritonitis supervened, but yielded to treatment; a trocar was introduced; 60 pints of brownish, bloody fluid were removed; the patient died some time after. A great number of cysts were found; the largest was ruptured. The intestines generally adherent. Morgagni, in his 39th Letter, speaks of a woman who ruptured an ovarian cyst during a fit of laughter; the fluid was removed by the kidneys and bowels, but there was a re-accumulation of it.

It is not uncommon for ovarian cysts to rupture after labour; the violence done by the pressure of the child, and the consequent inflammatory action being sufficient to account for the lesion. Mr. Hardy, of Hull, (*Lancet*, 1845) attended a patient during her labour; about

forty hours after which, she complained of excruciating pain in the abdomen, with symptoms of peritonitis; she died 14½ days after delivery; a pyriform tumour, as large as a pint bason, was found connected with the left ovary. This had burst; the small intestines, in several places, were adherent to the cyst, and one portion was glued and twisted round its neck. The sac contained cheesy matter, and bloody pus. Mr. Walford, at the Reading Pathological Society, 1849, presented the uterus and right ovary of a woman who, after delivery, appeared nearly as large as before. Mr. Walford saw her on the ninth day, when she seemed very feeble and thoroughly exsanguine, but made no complaint beyond being very weak and ill. The lochia were not excessive. On making an examination *per vaginam*, the finger entered the uterus, and when removed was covered with a mucous discharge of a bloody colour, and slightly offensive. She died on the twelfth day after confinement. On opening the abdomen, a bloody fluid escaped, and a large sac was observed covering the bowels, and partially emptied of its contents. It was easily separated from the walls of the abdomen. This proved to be the right ovary, with an elongated neck; its texture was soft, and it contained a fluid similar to that found in the abdomen, which had escaped from the sac by an opening with a thin ulcerative edge. Small intestines matted together by lymph. Dr. Wells related a case which presented many points of resemblance to the one brought forward by Mr. Walford, and terminated in a similar manner."—*Provincial Journal*.

After tapping these cysts, some of the fluid may escape into the peritoneal cavity, and thus produce death. Sir R. Crampton, (Dublin Journal, 1846) tapped an ovarian cyst; some of the contents escaped into the abdomen a short time before the death of the patient. Dr. Barlow, in the 4th volume of the Provincial Medical and Surgical Transactions, relates a somewhat similar case, in which death took place after tapping.

Several instances are related of the cure of supposed ovarian dropsies, by the increased action of the kidneys; but some of these cases, I think, should be regarded with great distrust. It is questionable, whether the contents of an ovarian cyst (entire) are ever removed by the kidneys? Mr. Morgan (Lancet, 1827) narrated an example, of what he considered to be, an instance of ovarian dropsy. Three bleedings from the arm, with diuretics, were had recourse to, and after five or six weeks, the girl began to pass immense quantities of water; she became as thin as ever, and enjoyed good health. Dr. Montgomery, 1846, exhibited at the Pathological Society of Dublin, the sebaceous contents of an ovarian tumour discharged in the urine. The swelling dispersed. The matter liquified at the ordinary heat of urine. There is no doubt but the fluid may be rapidly absorbed as in some cases of ascites; when it is discharged from an ovarian cyst, spontaneously, or by violence, into the cavity of the abdomen. Sir A. Cooper says, Lectures p. 369, "If the cyst should burst and escape into the cavity of the abdomen, you know that in some instances, in three days it has been absorbed, and passed away by the urine, and by the intestines." Many other writers have spoken of this. Dr. Tilt is mistaken in supposing, that "he was the first to establish by a statistical table, the innocuousness of this accident." Dr. Camus in

the *Revue Médicale*, November 1844, mentions the case of a lady, æt. 45, who had a hard unyielding tumour extending from the pubis to the umbilicus. The symptoms occurred which usually attend the rupture of these cysts; the tumour disappeared, and the patient recovered after the loss of blood, and other antiphlogistic means. Six months after the first rupture, another is supposed to have taken place, the cyst having filled again; and after the second rupture, M. Camus thinks that a third occurred four months subsequently. The fluid in the last instance was absorbed in ten days. Dr. Camus concludes, 1, That rupture of ovarian cysts, is of rare occurrence; and that in all cases where the lesion is attended speedily with a fatal result, *the fluid evacuated into the peritoneal cavity contains pus*. 2, That ascites, when combined with these cysts, may be a mere coincidence, and not occasioned by their rupture. 3, That most patients who survive after these ruptures are only temporarily cured, and sink at last under the dropsical affection. 4, One patient (the case described by M. Bonfils,) was completely cured after several ruptures of the cyst. This case is published in the *Bulletin de L'Académie Royale de Médecine*, November, 1843, in a paper in which M. Bonfils endeavours to prove the possibility of curing encysted tumours by simple puncture. The cyst is said to have ruptured several times, and the fluid is supposed to have been absorbed. It appears to me, however, that there is no satisfactory evidence of this, and like the one related by Dr. Camus, it must be classed amongst the doubtful cases. Delpech, (before cited, obs. 18) mentions a similar case, but more conclusive, in which the sac ruptured twice.

Inflammation of the ovary and fallopian tubes, although hitherto but little attended to, is, I believe, of very frequent occurrence, and that this inflammation should extend to the cysts, so often attached to these bodies, or commence in them originally, is not surprising. Several writers have given a brief description of ovaritis; amongst some of these, I may mention Portal, Delpech, Martin Solon, Dance, Churchill, Ashwell, Duparcque, Bourdon, Rokitansky, Tonnellé, Lowenhardt, Cherau, Henry Bennet, and Tilt. In the Dublin Park Street Museum, preparations 303, 304, and 305, are good specimens of this disease after parturition.

In addition to the three cases I have related, I proceed to give other instances of the spontaneous ruptures of ovarian cysts into the abdominal cavity, which have led to a fatal result, by producing peritonitis. In the first case (Mr. Evans'), although I could find no remains of an ovum, it is possible that tubular pregnancy might have existed. Dr. Meadows and Mr. Pollard (*Lancet* 1844 and 1848) have each met with an instance that bears some resemblance to this, and in the Chatham Museum (prep. 1995), there is a ruptured cyst (tubular pregnancy), from a negress, who took medicine to procure abortion. In the Museum of the College of Surgeons of Edinburgh preparation 2578, exhibits hydatids in the ovaria, and a small tumour near the insertion of the right fallopian tube, which burst, and discharged four pounds of blood into the abdomen, causing instant death. Portal also speaks of these ruptures (*Anatomie Médicale*, vol. v. 1803). It must be borne in mind, however, that in the case alluded to, death was occasioned by peritonitis.

M. Guerard (*Gazette des Hôpitaux*, 1847) attended a woman, æt. 30, at the Hotel Dieu, of Paris, who died of peritonitis two days after the rupture of an ovarian cyst; she had been tapped once, and M. G. was about to perform the operation again, when the rupture took place; the cyst was multilocular. Mason Good (*Study of Medicine*, vol. iv.) gives an instance of the fatal rupture of a large ovarian abscess, but he is inclined to think, as the pus was well digested, that the lacerated sac was the cause of the peritonitis. In the Park Street Museum, Dublin, preparation 302, shews an abscess of the ovary which burst into the peritoneum. Dr. Simpson (*Edinburgh Monthly Journal*, 1846, p. 61) said he had seen an ovarian cyst ulcerate into the peritoneum and prove fatal. Dance in his essay on diseases of the uterus, in the *Archives Générales de Médecine*, 1829, p. 217, relates the case of a girl, æt. 19, who died of peritonitis four days after the spontaneous rupture of an ovarian cyst (multilocular) as large as a child's head. Dr. Barlow (*Provincial, Medical, and Surgical Transactions*, vol. iv.) mentions an example of rupture of an ovarian cyst, which speedily terminated in death. Portal (*Anatomie Médicale*, vol. v.) gives an instance of the bursting of an ovarian abscess which ended fatally.

Dr. Hughes, October 31st, 1850, at the South London Medical Society, read two interesting cases of rupture of ovarian cysts; the first occurred to a woman æt. 51, who was admitted into Guy's Hospital, January 12th, 1848, with a large tumour in the right iliac region: she was emaciated, her tongue dry and brown, and the fæces flattened. On the 25th the nurse assisted her to the water-closet, and then to her bed, where she was found dead, in the same position in which she was first placed. The pericardium was distended with serum. The abdomen contained several pints of fluid, mixed with adhesive matter, and a greasy substance. The latter was also found in the cyst, which had a lacerated opening in its walls that would admit the finger. A girl æt. 22, was the subject of the second case: she had an ovarian tumour on the right side. Profuse vomiting took place on the 23rd of August last, and continued at intervals; the abdomen was lessened in size; symptoms of peritonitis followed, and she died on the 31st. The autopsy revealed peritonitis; effusion into the abdomen, and a ruptured cyst, the size of the uterus at the sixth month of pregnancy. These patients were both under the care of Dr. Hughes.

In the foregoing communication my desire has been to give illustrations of the various forms of ulceration and rupture of these cysts. I could have added many other examples under each head. The ten fatal cases named in Dr. Tilt's table, I have not mentioned here, and I have excluded some that he has more recently alluded to. I hope in a future paper to attempt a classification of all the examples on record in a tabular shape, and I shall then endeavour to draw a more practical inference from them. According to the information we at present possess, I venture to hazard the following conclusions.

1st. That the contents of an ovarian cyst are seldom, or never absorbed, when the cyst remains entire.

2nd. That the number of recorded cases of rupture of these cysts,

warrant the more frequent practice of paracentesis, as a means of prolonging life.

3rd. That generally (as first noticed by Camus) when these ruptures prove fatal, in a short time, the fluid of the cyst contains pus globules.

4th. That the danger does not consist so much in the *size* of the cyst, as in the *acridity* of its contents, and it is probable that the rupture of a very small cyst, as in the third case I have related, may be found hereafter a more frequent cause of fatal peritonitis.

21, *Parliament Street*,
Dec. 17, 1850.

MULTUM IN PARVO. A PRACTICAL ABSTRACT OF THE FOREIGN AND BRITISH JOURNALS, FOR JULY, AUGUST, SEPTEMBER, OCTOBER.

(Continued from page 240.)

(Lectures are excluded, and original communications only noticed.)

Dublin Journal, August. Dr. Beatty adds his testimony to the good effects of chloroform in midwifery; he inculcates the necessity of attending to its purity: he says that no fatal case has occurred in midwifery. Seven instances are added, to shew the efficacy of the ergot of rye in certain cases where chloroform is inadmissible.—Dr. Lees relates 2 cases of perforation of the stomach in female servants. he alludes to numerous examples of a similar kind. After perforation has taken place, he advises rest in the horizontal position, with large doses of opium by the mouth, or anus.—Dr. Walsh contends that erysipelas is a constitutional disease; he quotes 12 cases, and concludes that tartarized antimony acts specifically: the dose one grain in a quart of any bland fluid, taken in the 24 hours: after this has acted sufficiently, he gives quinine. He insists upon the necessity of keeping the bowels free, and thinks that external applications are unnecessary.—Mr. Ricci in a bad case of traumatic tetanus, administered tobacco enemata (15 grains to ʒviii of water) frequently, and tobacco fomentations to the abdomen: the man recovered. If the tobacco cannot be borne, the author recommends the vapour bath, to be applied without removing the patient from his bed, and to be used for a long time.—Dr. Lyons gives an interesting report of the progress of microscopic investigations, and of the more recent contributions to normal and pathological histology.

Dublin Medical Press.—Dr. Lees describes a peculiar form of delirium that he has met with in scarlatina, which resembles delirium tremens. 2 cases are related; the first in a man æt. 70 ; the second a man æt. 22 : both the patients recovered, and in the latter case, ammonia, wine, and black drop, were given apparently with good effect.—Mr. Cotter removed the tonsils of a young man with the double-claw forceps and bistoury, whose life was sometimes endangered by their enlargement. After the operation the patient's voice was as clear as Jenny Lind's.

Edinburgh Monthly Journal.—Dr. Scott in 7 cases of supposed laryngeal disease, applied a solution of nitrate of silver through the glottis by means of a sponge: this in some cases was passed into the

larynx with good effect.—Mr. Harley was called to a woman who was near her confinement; but she died suddenly. Mr. H. made an incision into the abdomen and extracted the child alive.—Dr. Gillespie in a case of laryngo-tracheitis performed tracheotomy; the woman recovered, and now enjoys perfect health.—Mr. Syme publishes his 19th case of successful ligature of the femoral artery. We have before mentioned, one of these patients who died from suppuration of the sac.—Mr. Syme is an advocate for the excision of enlarged tonsils, and has only failed in accomplishing his object in two instances: he generally removes the left tumour first: he says “the process is instantaneous, and the bleeding seldom exceeds a teaspoonful or two.”—Mr. Nimmo performed the Cæsarean operation in a case of impracticable labour: the mother died about 3 hours after the incision; the child was saved.—Dr. Christison recommends the external application of diuretics in some cases of ascites, as first suggested by the French. Spongio-piline soaked in a strong infusion of digitalis is constantly applied to the abdomen. This plan sometimes succeeds when other means fail.

Medical Gazette.—Mr. Harvey relates four cases, where he thought it desirable to bring on premature labour. He concludes, that after using all available means to effect this object, we cannot possibly predict the time at which labour will commence.—Mr. Tampin cured a non-united fracture of the tibia, of twenty-four years’ standing, by division of the tendo-achillis, and gradual extension for six months.—Dr. Cormack, in 1849, had under his care twenty-three female patients with scarlatina; in twelve there was well marked vaginitis.—Mr. Kesteven thinks that an infant died under his care, of congestion of the brain, produced by cod-liver oil.—Dr. Fearnside, in a case of the “warty ulcer of Marjolin,” used the chloride of zinc with success. This disease is described in our last Retrospect, by Dr. R. Smith.—Dr. Hughes attended a woman who laboured under extra-uterine pregnancy. It is concluded from the post mortem examination, that the ovum escaping from the ovary, must have fallen upon the broad ligament and there taken root.—Mr. Hunter says, that pneumonia is a rare disease in the tropics, at all ordinary elevations: he could only recollect two or three well marked cases, and these were associated with cardiac disease.—Dr. G. Bird alludes to the dumb-bell crystals described by himself nine years ago. He says, These crystals are a salt of lime, capable of being converted into carbonate, by ignition, and hence they cannot be composed of uric acid, as supposed by Dr. Fricke of Baltimore. These crystals can be ignited, without losing their form, and dissolved in boiling nitric acid without change.—Mr. Hunter states, that at the battle of Kilat, twenty-one were wounded through the chest, with musket balls; ten or eleven of these proved fatal immediately, or within a short period; of the rest, only one died. In six wounds of the head, five proved fatal. In nine of the pelvis, eight. All those wounded in the abdomen died.

London Journal of Medicine.—Dr. H. Lee cites experiments to shew that pus, in particular, has a tendency to coagulate the blood, and by this means, when introduced into the vessels, its progress is arrested in some part of the circulating system. Thirty-eight cases

of inflammation of the veins are alluded to.—Dr. Hale adds another example, to the many now on record, of death from ulceration of the internal jugular vein, and hæmorrhage after scarlatina.—A case of complete paralysis of the motor oculi from the pressure of an aneurism of the posterior communicating artery, is related by Dr. Hare : the girl æt. 18, and the cause not evident. Death took place in ten or fifteen minutes after the rupture of the sac. These aneurisms we suspect frequently escape detection.—Dr. Cormack concludes that the entrance of air into the uterine veins, and the loss of blood, in many cases, conjointly, cause death after delivery, and that the best means of preventing this calamity, is to endeavour to produce contraction of the uterus.—Dr. T. Smith, in five instances, records the good effects of the leaves of the Palma Christi as a galactagogue.

Provincial Medical and Surgical Journal.—A girl, æt. 13, took ʒii of tartar emetic ; when seen by Dr. Durrant on the 8th day, she was supposed to be labouring under cerebral effusion, with intense gastro-intestinal irritation ; $\frac{1}{4}$ of a grain of opium, and 2 of calomel, were given every four hours : on the supervention of ptyalism, the cerebral symptoms subsided, and the girl recovered.—Mr. Gorham records a case of cæliac aneurism complicated with gall stones, the former not suspected during life.—Mr. Newnham removed the eye for *supposed* malignant disease in 1826 : the man now enjoys good health.—Mr. Williams believes that necrosis of the inferior maxillary bone was produced by ʒfs of grey powder taken in four days.—Mr. Dorrington, in a case of imperforate anus, performed Amussat's operation : the infant died forty-seven hours after. Mr. D. thinks the operation might have saved life, if it had been performed earlier.—Dr. Walker relates a case of dislocation of the scaphoid bone of the foot, which was easily reduced : the man was confined to the house for 3 weeks, when he returned to his work. This accident is very rare.—Mr. Cornish removed a large ovarian cyst by the long incision, with success.

REVIEWS.

DES AFFECTIONS GRANULEUSES, ULCÉREUSES ET CARCINOMATEUSES DU COL DE L'UTÉRUS. PAR ALPH. ROBERT, Agrégé à la Faculté de médecine de Paris, chirurgien de l'hôpital Beaujon, etc. Avec 6 figures coloriées. Ballière, Paris, 1848. pp. 168.

The author of this work was for many years at the *Hôpital de Lourcine*, Paris, where he had extensive opportunities of studying the diseases of the uterus, he says, "that it is not only since the use of the speculum, that these maladies have been properly investigated ; but as regards their treatment, there is yet much uncertainty and obscurity." A minute account of the structure, position, and form of the uterus and its appendages is first gone into, and the changes of the os uteri at various periods, are accurately described. M. Robert points out the difference in the structure of the mucous membrane of the neck, and the cavity of the uterus ; the membrane smooth, and white at the neck, changes to a reddish colour and velvety consistence. Its tenuity is so great, and its adherence to the subjacent tissue so intimate, that many anatomists, and Bischoff among the moderns,

have doubted its existence. The lining membrane of the neck secretes a thick tenaceous mucus, like the white of an egg ; that of the body, a thin, serous, milky fluid. The former, according to Mande and Fricke, is alkaline; the latter acid ; the lymphatics of the neck of the uterus, communicate with those of the anterior part of the vagina, the groin, and the interior of the pelvis. The author alludes to the diversity of opinions respecting the nerves of the uterus, and of the statements of many writers, that they emanate both from the ganglionic and cerebro-spinal systems ; he believes with Jobert and Longet, in the presence of the former only. M. Robert divides the diseases of the neck of the uterus into the granulous, the ulcerous, and the cancerous ; the first two manifested by an inflammatory condition ; the last dependent on a special cause. Of the *local* causes of the former affections, position, and the absence of valves in the veins, lead to engorgements and slight excoriations ; displacements of the uterus ; the venereal disease ; child-birth and its complications ; derangements of menstruation and other local causes, that will occur to the mind of the reader. *Constitutional Causes.*—These diseases may occur at all ages ; those of a lymphatic temperament are the most subject to them ; bad nourishment ; certain localities in marshy districts ; and cutaneous eruptions are the chief. As regards the anatomical lesions, there may be only hyperemia, redness, and swelling of the part affected. Dugès and Madame Boivin first described the granular affection of the neck of the uterus, and Chomel and Velpeau more fully elucidated its true nature ; it may exist without ulceration, and has often been confounded with it. In the first stage there appears on the neck, and especially around the os, dots of red patches, isolated and a little elevated ; on inspecting them carefully with the speculum, they sometimes resemble strawberry granules ; occasionally they are vesicular : the sensation given to the finger resembles that produced by sand, or Utrecht velvet. *Ulcerations.*—The author rejects Hunter's theory of ulceration (absorption) and adopts that of Vidal de Cassis. He speaks of the necessity of this definition, in reference to the supposed ulcerations of M. M. Bennet and Boys de Loury. The author proposes the following classification of these ulcers. 1, Superficial or excoriative ; 2, granular ; 3, fungous ; 4, callous ; in the two last there is always engorgement of the neck. The first may be dartrous, scorbutic, tuberculous, diphtheritic and syphilitic. Some interesting cases are given of the last form of ulceration, where the disease existed only in this situation. The symptoms attending the granulous and ulcerous affections above described, are generally, discharges of various kinds ; local pain is often absent when engorgements do not exist ; but there is uneasiness in the perineal, and anal regions ; pains in the pelvis and groins, aggravated during exercise of all kinds ; the pains generally increased before and during the menstrual periods, which are mostly lengthened, and the discharge is more abundant. The health is deranged, the appetite impaired ; the spirits depressed ; pains in the back ; general weakness ; palpitations of the heart, and nervous irritability. Fecundation is generally impossible, but Chomel mentions several cases of its occurrence after the disease has been cured.

M. Robert next speaks of the diagnosis of these affections, and cautions his readers not to mistake simple redness for slight ulceration, or the callous ulcer, for the cancerous. As regards the progress of these diseases, the granulous, fungous and scrofulous, are the most difficult to cure. In speaking of the treatment, Gosselin in his memoir stated "that these affections, generally, did not merit the name of diseases, and that therapeutical agents were scarcely required." The author disproves this assertion. The general treatment should consist in repose in the horizontal position, baths, bleeding, emetics, and special medicines. The local means, of leeches to the neck of the uterus; local baths; irrigations and injections; douches, dressings, cauterization and excision. The recumbent position is important, so that it is not carried so far as to derange the health. General bleeding may be used with advantage in some cases, and leeches to the loins, or groins, may be useful; blisters in other instances are efficacious. In leucophlegmatic women affected with atonic engorgement of the os uteri, and with abundant leucorrhœa the preparations of iron are serviceable, and iodine may be advantageously employed in the treatment of the scrofulous ulcer. Warm clothing, dry frictions to the skin and an animal diet, are likewise important. In the local treatment, the author has seen no harm result from the bites of leeches to the os uteri, as stated by some authors. The application of fluids, in various ways, to the os and cavity of the uterus, is often attended with benefit. M. Robert however gives a salutary caution respecting the danger of forcing injections through the fallopian tubes into the peritoneal cavity. The preparations of alum, creosote, mercury, iodine, copper and iron, may be applied in the form of pomade, or otherwise. The caustics are divided into the superficial, which destroy the surface only, to which they are applied, and the deep, which have a more corrosive action. Among the former are the nitrate of mercury, and the nitrate of silver; the Vienna paste and the actual cautery belong to the latter. Cauterization should not be employed in the acute stage of ulceration, or when much engorgement is present. For simple and superficial ulcers, and in granulations of the neck of the uterus, the nitrate of silver will suffice. In the callous, fungous, and granular ulcers, the actual cautery should be employed. Its application is almost painless, and unattended with danger.

In the chapter on carcinomatous affections of the neck of the uterus, M. Robert expresses his opinion, that the microscope has assisted in the diagnosis of these diseases; he refers to the researches of Gluge, Lebert, Müller, Mande, Sédillot. The diseases above mentioned, are divided into the cancrroid, and the true cancer. The cancrroid may be primitively in the form of an ulcer, or a tumour, described by Duparcque, Lebert, Bush, Clarke, (1821) Ashwell, Bennett, and Walsh. A case of cancrroid ulcer (corroding ulcer) is given from Lebert, with the dissection. The author also speaks of the cancrroid, epithelial, fibro-plastic, and vascular tumours; but he does not appear to us to have made a very accurate distinction between them. Cancer of the neck of the uterus may commence in the form of ulcer; but the author inclines to the opinion of Marjolin, that it is always pre-

ceded by hardness and swelling. Cancerous *tumours* may occur under five primitive forms. 1. Small, hard, circumscribed tumours, varying in size from a pea to a filbert. 2. One or both lips may be affected with an irregular, elevated swelling, soft on its surface, and hard in its interior. 3. The whole of the neck may be implicated in a hard, irregular, unresisting swelling; its cavity being ulcerated. This form of cancer resembles the true scirrhus of the breast and testicle. 4. In this species, the figure of the neck is not much changed, but it is increased in size; it is soft, of a violet colour, very vascular, and covered with a dark grumous fluid; on the slightest touch the blood oozes from its surface. This is the fungoid cancer of Clarke and Cooper; the spongoid, or inflammatory of Burns, and the bleeding cancer of Duparcque. 5. The last variety is the granulated or pediculated of the French; the cauliflower excrescence of the English. Some of the lobules are soft and red; they bleed freely; others are white, semi-transparent, and have more consistence; these pour out an abundance of serum. This form often increases with surprising rapidity. M. Robert throws but little light upon the etiology of these horrible diseases. It is certain that they commence more frequently at the *critical* period of life, and in France, brunettes are more frequently the subjects of them. Prostitutes are less frequently affected than modest women. According to Dr. Lever, the married enjoy no peculiar exemption, and in 95 out of 120 cases, the patients had antecedent uterine disturbance. The author quotes numerous examples of pregnancy, and the safe delivery of women labouring under these diseases. The progress of these maladies varies in different cases. In 107 women, Dr. Lever found the average 20 months, the maximum duration 63 months; the minimum 3 months. *Treatment of cancerous affections.* And lastly comes the important question, What can be done in these fearful lesions, to save or prolong life? Marjolin believes, that the reported cures were of canceroid, not of cancerous affections, and the author partakes of this opinion. M. Robert agrees with Boivin and Dugès in rejecting the use of pressure. The actual cautery and the potassa fusa do not offer much greater promise of good. The ligature, in the cauliflower excrescence may be serviceable, but it cannot effect a radical cure. Amputation of the neck of the uterus has been found inefficient. As regards the palliative treatment, the anti-hæmorrhagics, cold, mineral acids, ergot of rye, ratanhia, tannin, cachoe, &c. may be employed, aided by cold and astringent injections, and, if necessary, plugging of the vagina. To relieve pain and procure sleep, opium, and other anodynes, may be freely administered.

We have given for the benefit of our readers, a complete epitome of this monograph, which was written by a French *Surgeon* two years ago, when a candidate (by concours) for the chair of clinical surgery at the Faculty of Medicine of Paris. We believe that no facts of importance have been added to our knowledge of these diseases since the Essay was published. The book, which contains six well executed drawings, not only does credit to the writer, but it affords another of the thousand proofs, of the good resulting from the system of election by *concours*.

DU COURAGE MÉDICAL. DISCOURS PRONONCÉ EN SÉANCE PUBLIQUE DE LA SOCIÉTÉ DE MÉDECINE DE STRASBOURG, LE 1^{er} JULIET, 1849. BY M. C. P. FORGET, Professeur de Clinique Médicale, etc.

What a subject for the present age ; what a sermon for many English practitioners, whose spaniel-like submissiveness to corporate tyranny and misrule is proverbial ; who have reform in their mouths, but apathy in their actions ; who support and *lionize* the very men who are the cause of their grievances ; who look to policy, not principle, and bow their necks to a stiff-necked generation, whose acts have tended to retard science, and to fill their own pockets. To these remarks there are many honourable exceptions, but we believe that they apply to the majority of the members of the medical profession in this country.

M. Forget describes the various kinds of courage : physical, moral, military, civil ; the courage of acts, of opinions, of position, &c. The medical man may be called upon to exercise all these. The courage to resist the disgusting spectacle of the dead-house, and the dissecting-room, where too many of our students have fallen victims to their zeal in the pursuit of science. Celsus says, *Sit juvenis, strenuus, audax, solers et immisericors*. Of these three qualities, the author thinks the last the most rare, because it excludes the sentiment of pity, so natural to every human breast. It is the rarity of surgical courage, which renders the number of good surgeons so few, compared with good physicians. The author goes over the various dangers that beset the medical practitioner, and which require his fortitude. The dangers of pestilence, fatigue, night-watching, often without fee, or reward, except that of calumny, he must be prepared for. M. Forget then speaks of the courage (rare) that compels a man to protest against the follies of the day ; political and practical ; to point out the numerous deceptions in our art ; to lay bare the false assumptions and hollow pretensions of men in authority ; to expose the stupid juggleries of urine doctors, mesmerists, *et id genus omne* ; to protest against the abuses of the press, and especially against the transgressions of medical publishers. How rare is scientific courage ; to render honestly, to every one his due ! How necessary that the Professors of the Faculty, and the examiners, should possess the courage to act without bias or partiality. The courage to defend one's dignity against the encroachments of the rich and the powerful ; whose licenses to degrade, are too often encouraged by our own obsequiousness. But especially to observe a strict impartiality between the little and the great. The queen of France requested Bouvart to attend one of her children, and to be especially attentive to it. Bouvart answered, " I will take as much care of it, as if it were the child of one of the lowest of your grooms." The courage to resist all temptations of self-interest. Napoleon, after one of his battles, suspected that some of the soldiers had purposely wounded themselves in the hand. Larrey was requested to investigate the matter ; he proclaimed the soldiers innocent. Napoleon was in anger, Larrey in disgrace ; but it was of short duration, the circumstance only served to confirm the opinion, that he was one of the most honest men of his time. In 1832, by an order of the police, the medical men of Paris were ordered to give up the

names of the wounded ; they all, with one exception, indignantly refused. The sycophant who complied, has ever since been marked with scorn and disgrace. Would, Dr. Forget, that we could give you a hearty English shake of the hand ; we had rather be the author of your little oration, than of half the folios that see the light ; it is beyond the spirit and probity of the age ; it is beautified by the stamp of truth ; it is dignified by the nobleness of courage.

ORATIO HARVEIANA IN ÆDIBUS COLLEGII REGALIS MEDICORUM
HABITA DIE JUNII XXIX, MDCCCL. A. JACOBI ARTURO WILSON, M.D.
pp. 29, (name of Printer and Publisher not stated.)

There is one advantage to *us*, in the annual delivery of these Oration ; our Latin is not allowed to get quite rusty, and Ainsworth is brought to our school-day recollections. We have stated before, that invitations to this Oration were sent to the *public* press, who, without exception, applauded the “elegance of the orator’s latinity.” The *medical* journals did not at the time notice the oration. We at once confess our ignorance, and acknowledge ourselves incompetent to judge of the latinity. We know that Latin orators like some translators of German and French books, get a good deal of polishing and furbishing from friends and masters. There is one peculiar circumstance connected with this oration ; *the names of the Printer and Publisher do not appear on its pages* : an *illegal* proceeding, but in certain places there is great latitude for *illegality*, and a great *talk* about *morality*. The Orator was one of Dr. Radcliffe’s travelling Fellows, University of Oxford, 1821, (not a very high honour considering the paucity of medical students) and a Licentiate of the College of Physicians, 1824 ; author of a work on “Spasms, Languor, Palsy, and other Disorders termed nervous, of the Muscular System,” and the contributor of papers to some of the Journals. He is Senior Physician to St. George’s Hospital, an appointment he did not obtain by *concours*. But we beg the *earnest* attention of the reader to his Parliamentary Evidence, 1834, which betokens a spirit of liberality, very unusual in gentlemen of the orator’s *grade*.

COLLEGE OF PHYSICIANS.—Dr. J. A. Wilson Fellow, Question, 1610. “I would wish, on many accounts, to have the entire body of physicians in this town really represented in the College ; and to avoid all heart-burnings and jealousies, and possible canvassing among friends for the purposes of election, I would wish as much as possible, to do away with all analogy between the College of Physicians, and the clubs in the neighbourhood of the College.” 1611. What clubs do you allude to ?—The clubs generally of the town. I should wish to do away with all exclusive distinction of the fellows that was not founded on medical attainments and general character. 1612. Does the statute still exist requiring a person, before he becomes a candidate or fellow, to call upon the president, and each of the fellows resident in London and seven miles round it ?—*It does* ; before he applies to be examined as candidate, or inceptor candidate. 1613. Do you not think that statute bears too much the appearance of *private solicitation* ?—I hardly think that ; it is a courtesy. 1614. Is it not unnecessary ?—It is unnecessary, and it is almost in practice obsolete. I occasionally receive cards of that kind, but not from all those who apply for examination. 1615. Then it is not considered a marked omission, if the party does not call ?—It is not by me : perhaps I may state another reason for my objection to this plan of *selection and ballot*, that I would wish to avoid, by all possible means, the chance of attaching stigma by exclusion to any competent physician who was not *selected and elected*. Under the plan here proposed, it seems to me that a licentiate

might be passed over by the College, *from mere circumstances of manner, from his not putting himself sufficiently forward; from not meeting with the fellows of the College in the neighbouring clubs, or in general society.* I would wish to avoid the possibility of a man of retiring habits (supposing him to be a physician of good attainments and character, and competent to execute the offices of the College) being injured by rejection, *even for one year, or, as it might be, for a series of years.*"

The above requires no comment. Is there another country in the world where such iniquities would be tolerated? A man to go, *cap in hand* to his examiners, who, we suppose, hold a consultation as to whether he is one of *their* kidney? one, whose opinions and conduct are moulded after *their* fashion? one who would witness their transgressions, and like the rest of their *permissi*, hold his tongue, and sacrifice *principle to policy!* But mark the Evidence of Dr. Henderson, (question 3317) "Dr. Mason Good told him, that after his rejection, three out of the five of his examiners called upon him, (*separately*) and expressed their astonishment at the event." Whether only *one* or *all* spake false, deponent sayeth not!

And now for the Oration, the pith and marrow of which may be put into a nutshell. The old threadbare tale of Harvey's doings, as oft told as Robinson Crusoe. The cholera, and the insulted dignity of the College, dry-nursed by the government. The little respect paid to medical men as a body. A few cholera compliments to the general practitioner, and eulogies to the memory of departed physicians; those to Dr. Prout are especially well merited. An absence of the disgusting flatteries of "*Noster Præses Amabilis*;" a wise omission of any mention of the Swiney cup, and some hard hits at quacks, and their abettors. We should, however, not do justice to the orator if we withheld one or two extracts.

"Respicite, igitur, in annum vix præteritum, vos, Præses et Socii! qui mecum huic solenni orationi inserviat! In triviis—per vicos—per aperta rura—apud ipsas Baïas, qui pavor! quantus luctus! quæ frequentia funerum! Quæ hæc est immanis morbi species! hæc mortis imago nova?—Annus nefastus!—Collegio nostro, præ cæteris, heu! sine gloriâ memorabilis. Annus, in quo, huic urbi insolitâ et sævissima peste diu ingruente, tum postea universum Angliæ regnum vastante, Collegium hoc Regium Medicorum Londinensium, neque a senatu, neque a consiliariis reginæ intimis, neque a prætore regio ad res domesticas administrandas designato, ne unâ quidam vice vel voce, in auxilium salutis publicæ vocatum est! Neque in curiâ, neque in foro, prævalente morbo, vox nostra audita est. A nullis nostri periculum factum est consilii!"

But why, we ask, should the government pay any deference to the College of Physicians? What has this body done to insure its confidence? Sir. H. Halford was President of the College of Physicians, and President also of the Board of Health when cholera appeared in 1831, and the following are some of the directions of these *wise-acres*. "All articles of food shall be placed in front of the house, and taken in when the person carrying them shall have retired. Convalescents should be kept under observation for 20 days. It may be necessary to draw troops and police around the infected district, &c. &c." In 1849, the government had a specimen of the estimation in which this college was held by the profession. The members of it sown body were first appealed to, next the profession at large; but no report; and the *second-hand* report that did appear respecting the presence of the cholera fungi (which though nine-tenths of the profession discredited, and the non-existence of which was before proved) was first published

in the daily Journals, and then in *some* of the medical periodicals. We ask Dr. Wilson to ponder these things.

The Orator says :—

“In curiâ enim de Medicinâ est annua taciturnitas—silentum perpetuum. Vox nostra in foro nunquam auditur. In anulâ regiâ, ut videtur, vix publici juris digni censemer.”

“Quod ad optimatis hodierni temporis nostros attinet, vel natu, vel divitiis, civitatis principes, senatores, equestres, magistratus,—heu ! etiam sacerdotales—si in verum medicorum conjurati essent, quomodo majoribus damnis, aut majis contumeliosè ordinem nostrum afficere possent.”

But why is this, Mr. Orator ? Let the records of your own College, and those of the kindred institutions of the country answer. What effort have you made to unite the profession into *one brotherhood* ? To tell the government that the poor man should command the same aid on his sick-bed as the rich ? That medicine and surgery are one and indivisible, and that they cannot (according to your edicts) be graduated and divided ? Again, what part has your College taken in endeavouring to redress the numerous evils that affect the profession ? Of late, when sinking into a state of bankruptcy, a feeble squeak has occasionally been heard. But when Popish Cardinals and Bishops were the theme, the Beldams in Macbeth never uttered so loud a howl, but unlike them, in “affairs of death,” you have no concern. Where are your memorials against illegal practice ? quackery ? insurance offices ? the sale of poisons and thirty-nine other articles affecting the public health ? What have you done, and *when*, respecting the oppressions under the poor law ? the treatment of naval surgeons ? the titles, honours, and rewards that have been so undeservedly withheld from your brethren ? By your own acts be ye judged. Would that we were permitted to deliver an admonitory oration to you, in the Saxon tongue ; and then examine the president and some of your fellows in public. We could make some interesting additions to the Parliamentary Evidence of the Orator.

We refer those of our readers, who are interested in the history of the College of Physicians, to our review of Dr. Badeley's Oration, in March last. We think Dr. Wilson's discourse is a decided improvement upon that of his predecessors, and we trust that the next orator will be permitted to express his sentiments in plain English, and not allow himself the benefit of the old adage, *omne ignotum pro magnifico*.

ARGUMENTS AGAINST THE INDISCRIMINATE USE OF CHLOROFORM IN THE PRACTICE OF MIDWIFERY, 1848. Pamphlet, pp. 27. By S. W. J. MERRYMAN, M.D. Cantab. Licentiate of the Royal College of Physicians.

The *indiscriminate* use of chloroform, or any other medicine, in the practice of physic, can scarcely be defended by any member of our profession ; its absurdity is self evident. But not to be too hypercritical, we come to the more sensible and practical question of the author, viz. Whether anæsthetic agents are likely to be useful or injurious in midwifery ? To a man who is guided by common sense, and who has unbounded confidence in nature's laws, the question admits of a ready answer. The operations of nature are generally so perfect that she requires but little assistance in her physiological processes ; but civilization, and the many unnatural customs and habits attendant upon it ; have so altered the constitution of the human

body, that artificial means are often required to patch up and repair a machine that was originally perfect. The pelvis is altered in form, the uterine fibre lax and inactive, by improper diet and exercise; the nipples retracted and flattened by errors of dress; and the thousand fashionable follies of the day lend their aid to swell these and other evils. Notwithstanding all these drawbacks, how admirably does nature generally accomplish her great end; what a mass of disease may exist in the parturient condition; the tuberculated lung; the softened brain; the diseased heart, and the cancerous womb, and yet that wonderful process for the production and continuation of the species is accomplished. A living being, perfect in all its parts, is brought into the world; the poor mother, too often, soon after nature's aim is completed, drawing her last breath. If nature will do all this without assistance, what need is there of the general employment of anæsthetic agents in midwifery? Without alluding to the canting ery of scriptural authority about the curse on our first parents, we assume, that pain is often as necessary to the safety of the patient, as its absence is sometimes dangerous. The poor palsied man, who has lost the power of sensation, knows not of the ulcer that may hasten his death. The epileptic knocks his head, and wounds his tongue, without being conscious of suffering. The life-blood gushes from the womb, and the contractile pain tells the accoucheur that his patient is safe. But we are forgetting our author, whose pages we have not yet perused. Dr. Merryman briefly alludes to the easy accomplishment of child-birth before the employment of midwives; then the introduction of man-midwives, and the use of the forceps by Dr. Chamberlen, about the year 1650—the ergot of rye and its supposed injurious effect in some instances. According to the author, in the seventeenth century, the mortality in child-bed was about 1 in 50; in the eighteenth century, 1 in 67; and during the last ten years it amounted to 1 in 113. These statistics are of course liable to fallacy. The author, quoting from Merryman's *Synopsis of Difficult Parturition*, says, "Out of five hundred labours in private practice, 206 (five of which were first labours) terminated in six hours; 192 (27 first labours) in twelve hours; 74 (31 first labours) in eighteen hours; 28 (10 first labours) in twenty-four hours: 5852 cases of natural labour are also quoted to shew the short duration of labour in natural cases. Dr. Merryman forcibly inculcates the necessity of trusting to the powers of nature; he believes that anæsthetic agents are not so harmless as they are represented to be, and he prognosticates "that hereafter the administration of chloroform will be confined to instrumental, or very tedious labours." The book appears to us to be sensibly written, and we believe that the prognostication just enunciated will be to a great extent verified.

CHLOROFORM IN THE PRACTICE OF MIDWIFERY, 1848, AND FURTHER OBSERVATIONS ON THE SAME SUBJECT, 1850. By E. W. MURPHY, A.M. M.D., Professor of Midwifery, University College, London.

As nearly every muscle has its antagonist, so has every medical theory its opposite: black and white unfortunately in the therapeutics of our profession, stand often in as much contrast as the squares of a chess-board. We have the physicians militant, as well as bishops militant,

who fight too often for victory, not for truth ; or who like the knights and the shield, only see one side of the object of contention. Our remarks are not personal, they are intended to apply to a large class of modern medical writers in all countries. Dr. Murphy is opposed to the views of Dr. Merryman. In his first pamphlet, 1848, he quotes seven cases of instrumental labour, where chloroform was administered with advantage, and he concludes that its use will lead to very important improvements in the practice of midwifery. In the present pamphlet, 1850, Dr. Murphy states that his confidence in the administration of chloroform has been confirmed by subsequent experience : he relates 13 cases of operative midwifery, and 8 of natural labour, in which he again had recourse to this agent, apparently with the best result. A table of these cases is given. The author canvasses very freely the opinions of those who are opposed to the use of anæsthetics in the practice of midwifery, and he states that there is not a single well-authenticated death from their agency. Rather a bold assumption ! We suspect that some are unwilling to attribute the fatal result to chloroform, and that other fatal cases have not been made public. We fear also the *immediate* effect of anæsthetics is often considered, and not the *ultimate*. We opened the body of a gentleman with the late Mr. Liston, to whom he had administered æther during a surgical operation : the patient lived for some days, but death we believe was caused by the æther. The question to be decided with regard to chloroform, is not will 50 women do well under its use, but what are its *immediate* and *ultimate* effects upon 50,000 mothers and children ? The writer of this review, in a tolerably large midwifery practice of 20 years, only lost 4 patients, within two months after delivery, and these deaths were from irremediable causes. Would he be justified, if he attended natural labours again, in administering chloroform ? Would hundreds of others, who have not lost a single patient, be justified in having recourse to it ? We think their experience in nature's resources, aided, when required, by the *prompt* assistance of art, is too indelibly fixed upon their minds to lead them to change their system of treatment. That chloroform has been productive of great benefit in many cases cannot be denied, but we are also satisfied that it may be the occasion of great evil when indiscriminately employed. One word at parting with Dr. Murphy : he has lately stated in the reports of the Medical Society of London, that he has no confidence in medical statistics, and yet this pamphlet is full of statistical information : a strange inconsistency this. Dr. Murphy would be puzzled to name *one fact in medicine, worthy of consideration, that is not based upon statistical deductions*. That the numerical method has too often been twisted and distorted (especially in midwifery) to suit any opinion, we willingly admit ; but this is the fault of the *men*—not of the *system*.

BRIGHTON AND ITS SANITIVE RESOURCES, COMPRISING A SPECIAL REFERENCE TO THE GERMAN SPA, &c. By Edwin Lee. pp. 120. London, 1880: Churchill.

Who is there that is not interested in the sanitive resources of Brighton ; the deserted of kings ; the palaceless place of the south ; where rich citizens rust out their days in unintellectual enjoyment, and

where plain John Smith is a greater man than Lord Noodle, provided he has more money in his pocket, and will spend it freely. We expect after a few years, when exhibitions of industry are more frequent, that we shall have scientific and commercial titles, with appropriate mottoes—and why not? A loaf of bread, or a printing-press, looks as well on a crest, as a bloody hand, or a muzzled bear, and would be quite as indicative of honour, and usefulness, as the signs of plunder, and rapine, that are emblazoned on the shields of many of our aristocracy. Our excuse for this digression, is to shew that although Brighton is mainly indebted to Royalty for its present state of prosperity, it may flourish without its aid. Our Queen and her Consort are more admired in their quiet retreat at Balmoral, than when surrounded by the pomps and vanities of a palace. The time is gone by for these follies. History sickens one of them.

Mr. Lee, the author of the present treatise, whose motto might appropriately be, *nunquam dormio*, has given an account of his travels in England and other countries, and amongst these the Observations on the Medical Institutions of France, Italy, and Germany, are said not to be the least interesting.

A description of the streets and public buildings of Brighton is first given; and then the seasons and different localities are alluded to. The following account is rather too much in the Guide Book style.

"At the north, all the characteristics of winter are to be met with; cutting wind, bleak sky, powerless sun, chattering teeth and red noses. Proceed to the cliffs—get under the lee of the Marine Parade, or the King's Road, and lo! you are in a summer clime. The sea looks warm and comfortable—the land is gay and animated. You might say it was spring, or summer, or autumn, anything but what it is—cold, bleak, stern winter!"

According to Mr. Lewis, the mean temperature of Brighton from August 1837 to 1839 was 55°; the spring being 53°, the summer 66°, autumn 56°, winter 43-5°. "The observations which follow (from the custom-house log book) refer to the last two years. The first thing which strikes one, is the remarkable equality as to rain and fine weather, and as to the prevalence of certain winds. The chief variations are to be found in the seasons, as was before observed, with regard to the thermometer. Thus, in one year, there were 205 fine days; in the other 207. In the one, 156 days with rain or snow; in the other 166. Easterly winds prevailed for 116 days in the former; for 123 in the latter year. In like manner, south-westerly winds were as 148 in the one, to 152 in the other. The proportion of westerly, to easterly winds for the two years, was as 1.75 to 1; of rainy days with westerly winds, to rainy days with easterly winds, as 2.5 to 1. Calm days are rare, except when the wind is from the north. Light breezes occur upon an average, once in five days. Hence, there is a great prevalence of strong breezes, with frequent gales, chiefly from the south-west."

"The climate," observes Sir James Clark, "is singularly well suited to young persons, particularly females suffering from a deficiency of red blood, and the debility and deranged functions consequent upon, or connected with, such a state of the system. All derangements of the constitution, indicating the use of iron, will be benefited in a marked manner; and in convalescence from acute diseases, and the

debility consequent upon long confinement, no sea-side climate, with which I am acquainted, is to be compared with that of Brighton." The author adds, "On the other hand, persons of an irritable nervous system, or those subject to gastric dyspepsia, with a dry irritable condition of the skin, will often find their complaints aggravated by Brighton. From the disposition to gastric irritation, experienced not unfrequently even by persons in health, on their first arriving; invalids and dyspeptics in particular, should adhere to a very mild diet, and comparative abstinence from wine and other stimulants."

The greater part of the work is taken up in a description of the Artificial Mineral Waters, and Tables of Analysis are given in the appendix. Some of them contain silex and soda enough, to frighten a man, ignorant of chemistry, into vitrefaction of the stomach; but we imagine the composition, is not of much importance; the *adjuvants* are really the chief means of cure. We suspect some of the inhabitants of Brighton are not blinded, by dust only!

Mr. Lee's little book cannot fail to interest our medical readers, who require information respecting this fashionable resort for invalids.

HEALTH, DISEASE AND REMEDY, FAMILIARLY AND PRACTICALLY CONSIDERED IN A FEW OF THEIR RELATIONS TO THE BLOOD. BY G. MOORE, M.D. Member of the Royal College of Physicians, &c. London, 1850. Longman: pp. 372.

The author tells us in his preface, "that this book was written neither for fame nor fees, but simply from the desire of being useful to both reader and writer." The work is intended chiefly for non-professional readers, and although we give the writer credit for the best intentions, we think his labour is lost. If Dr. Moore's readers were anatomists, his physiological disquisitions might enlighten them; but to teach people the physiology of the various functions of the body, who are ignorant of its structure, is like attempting to learn algebra without a knowledge of figures.

The old hackneyed subjects of digestion, circulation, respiration, and secretion are gone over again, without change, or variety, and the *proteine* of Mûlder and Leibeg, is introduced to puzzle the unlearned. The remarks on the management of the teeth are judicious; but the author leaves out hereditary predisposition; he says, "The bad teeth of this generation are probably caused by the mercurial quackeries, and hot sweet slops, so fashionable for the last fifty or sixty years." We suspect that the sins of the fathers are visited upon the children; mercury was given to a much greater extent during the last century. The author is not a disciple of Father Mathew, although he is an enemy to stimulant beverages generally; he thinks "with some rustic old ladies, that sage tea is often superior in its effects upon both the stomach and the brain, to either the infusion of the Chinese herb, or the decoction of the roasted berry." Some of the best remarks in the book are on quackery and charlatanry. We quote the following passages as specimens of the author's style.

"Man is by nature a quack, disposed to discover and cure whatever may be wrong in any one but himself, and ever ready with advice, partly to shew his knowingness and good-will, and partly for what he can get. He loves to be looked at as a healer and helper, possessed of a wonderful "medicine-bag," a collection of charms at war

with the devil and all his works ; and he at once assumes the possession of whatever faculty any one will give him credit for. But notwithstanding each one's fondness for his own mysteries, most people have still more in the mysteries of some other person, as Catlin informs us concerning the Indians—"All tribes have their physicians, who are also medicine (or mystery) men. These professional gentlemen are worthies of the highest order in all tribes. They are regularly called in and paid as physicians, and many of them gain much celebrity in their nation. Their first prescriptions are roots and herbs, of which they have a great variety ; and when these all fail, their last resource is to mystery," or medicine, in the especial sense, "in short, to conjuration and mighty magic, or the influence of bold tricks, promises, and delusions on the minds of their patients. Now, these mystery men are remarkable for their great practical skill and experience ; they have no reason to doubt their ability, for they often witness the good effects of their remedies. They can conscientiously sit on the top of their wigwams, and vaunt to the multitude about the wonders of their art, and the surprising efficacy of their medicines ; and if their patients die, they can assert the will of the Great Spirit as the direct cause of the catastrophe, without calling in question the potency of their potions and impositions."

"Do you say, how are we to distinguish a charlatan from an honest gentleman ? 'By their fruits you shall know them.' How do you judge of a tradesman ? Perhaps, you may say, By his goods. Not so exactly ; but if he puffs, you suspect him. So if a presumed doctor gives out that he possesses superior means, or does business in a way peculiar to himself, or a club of his own, depend on it he means to cheat you if he can. The principles of truth are fixed and open, and admit of no private interpretation : what they are to one, they are to all who understand them. A man may honestly endeavour to excel his neighbours, but if he tries to excel in any thing showy, and not in mere duty, he is a cheat. If you are still at a loss, seek the least pretending man you can find, for if he cannot cure you, he will say, Try another. When Garth was on his death-bed, a nobleman, whose physician he had been, selfishly entreated him to say what doctor should be consulted when he was gone ; after many messages of kind enquiry, ending in the same request. Garth, almost with his last breath, replied, "Send for the nearest ;" this is not bad advice. If, in a glance at the "Medical Directory" will do no harm, as there you may find an epitome of ostensible qualifications."

The last chapter is devoted to the causes, and cure of consumption, and after describing the three forms of tubercle, the reader is told, that by the aid of the stethoscope, medical men, of fine and learned ear, can discriminate between these varieties. It is perhaps well for the *public* to believe this. The author says, that tuberculous matter is formed in the blood, and secreted upon mucous and serous membranes. Here is a question that would puzzle all the medical societies in Europe—how will the public decide it ? But we have said enough to tell the reader the purport of the book. There is much to commend, and, we think, not a little to condemn. Dr. Moore, however, we are sure, in placing this work before the general reader, has been influenced by good and conscientious motives, and we sincerely hope that his expectations may be realized.

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LIFE ASSURANCE COMPANIES, AND THE MEDICAL PROFESSION.

A Life Assurance Company, like a Railroad Company, a Gas Company, or any other trading speculation, is established for the express purpose of putting money into the pockets of the directors: and we venture to assert, that not one of these gentlemen think of the benefit to the community at large: money is their aim. Up to a recent period, these companies, availing themselves of the dis-union and want of fellowship among the members of our profession, and of the readiness of the so-called upper grade to do their bidding, without consulting the good of the general body, have obtained important information from medical practitioners without fee or reward. These societies are not satisfied with obtaining answers respecting the diseases under which the insurer may have laboured, but the referee is asked, "Is there, in *your opinion*, anything in Mr. B's state of health, or habits of living, that would render an insurance on his life more than usually hazardous?" In other words, According to your professional opinion are we likely to get money by the insurance? Is it a safe speculation?

For the last ten years, we have invariably, (with one exception) returned these letters, refusing to answer the questions unless a fee were paid by the office. The lives have generally been insured, the patients referring to former medical attendants, or the company has been satisfied with the report of its own officer. We remember a stout man with diseased heart, and deranged circulation of the brain, whose letter we returned: he applied to a former medical attendant, who had not seen him for five or six years, and the necessary questions were answered: his lawyer advised him to put on a high cravat (to lengthen his neck) when he appeared before the directors:—his life was insured. We could mention two instances where Assurance Companies lost £2,200 in consequence of not paying two guineas to the medical referee. But they are beginning to see the error of this short sighted policy. They have been "*penny wise and pound foolish.*"

When the British Medical Association was first established, (1839) there was scarcely an office in London, that paid the medical referee. The members of this body were the first to make a stand against the injustice, and its associates entered into an agreement to return all letters that were not accompanied by a fee. We believe that the London and Commercial, and the Star Offices, were the first to remunerate medical referees, at the suggestion of their medical officers, Messrs Webster, Evans, and Camplin, all general practitioners. At the present time there are no less than forty-seven offices that pay medical practitioners: we give their names,—

Architects, Britannia, British Mutual, Church of England, Commercial, East of Scotland, East of England, Engineers, English and Scottish Law, English Widows, European, General and Mining, General Benefit, Great Britain, Indian and London, Industrial and

General, Kent Mutual, Rochester, Kent Mutual London, Law Property Assurance, Leeds and Yorkshire, Legal and Commercial, London and Indisputable, London Mutual, London and Provincial, Medical Legal, Medical General, Mentor, Metropolitan, National Loan, National Mercantile, North of England, Northern Assurance, Professional, Prudential, Royal, Royal Exchange, Royal Farmers and General, Royal Scottish Equitable, Solicitors, Mitre, New Equitable, Star, Sovereign, Westminster, Yorkshire.

Our object will now be to shew that if the members of the medical profession were united and true to themselves, the other offices that withhold payment, would at once be compelled to yield to our demands; *the fault* rests with those medical practitioners who are attached to the offices, the greater number of whom belong to Sir B. Brodie's higher *grade*. Unfortunately the medical press has been generally indifferent about the matter, and some of its editors have been opposed to the just demands of the profession. We may quote Dr. Forbes, late Editor of the British and Foreign Review, as one of these; and up to a late period the Editor of the Lancet has been on the side of the assurance offices, although the letters inserted in that Journal have probably tended much to excite attention to the subject. In the Lancet, July 10th, 1841, a correspondent suggests, that those offices only which remunerate medical men should receive the support of the profession. The editor remarks, "We do not recommend that such a list as our correspondent suggests should be supplied, having been from the first agitation of this question, of opinion, that the position which many medical gentlemen have adopted in their intercourse with the assurance companies is altogether wrong, and one which is always liable, as with our correspondent, to foil them in the end,—the fate of wrong principles. The fee was due to the surgeon by the party who asked the company to insure his life. The companies always *refuse* to assure unless supplied with a proof of health; which proof passes direct from the surgeon to the company, instead of going through the hands of the assurer, only to afford the company an additional guarantee against fraud. The company does not, by that course of proceeding, become the debtor of the surgeon." The first leading article we find on insurance offices, is in October, 1849, in which an entirely opposite view of the question is taken, and we are told, that "we must stand by our order if we would make ourselves respected!" To this we say, Amen, and we give the names of the medical men connected with companies who still withhold payment from their brethren. We begin with Dr. Paris, the President of the College of Physicians.

Adams, J., Adams, W., Anderson, Ayres, Budd, Bennett, R. Bennett, H. Back, Bishop, Boot, Billing, Black, Bristowe, Basham, Babington, Bull, Bushman, Burrows, Burslem, Birkett, Colson, Cobb, Cooke, Cox, Chambers, Conquest, Camplin, Critchett, Copland, Cock, Childs, Davies, Dick, Dickson, Duffin, Darling, Dalrymple, Ellison, Forbes, Fuller, Farish, Frazer, Fox, Ferguson, Frampton, Farre, Gordon, Gay, Godfrey, Grainger, Guthrie, C., Guthrie, G., Hume, Huxtable, Hodgkin, Hancock, Holt, Harris, Hall, Hawkins, Hunter, Hilton, Illingworth, Jeffreason, Johnson, James, Jones, Kingdon, Latham, Lonsdale, Luke, Loyd, Leggett, Mann, Maclean, Martin,

Mc Murdo, Marsden, Mitchell, Maclaren, Odling, Oldham, Paris, Pilcher, Phillips, Peacock, Pollock, Pitman, Parkin, Roget, Ridout, Rowe, Roe, Smith, S., Smith, W. H., Smith, E., Simon, Shaw, Smee, Simpson, Sanderson, Sewell, Southey, Travers, Tevan, Thorn, Thompson, J., Thompson, S., Thompson, H., Todd, Tweedie, Wakley, Walsh, Wray, Waterfield, Wagstaff, Woodfall, Watson.

It is quite evident, that if the above mentioned gentlemen *stood by their order*, that they would resign, unless their brethren obtained their just demands. Besides the editor of the *Lancet*, we have another convert to the cause of justice and honesty in Mr. Solly, who forwarded the following note to the *Lancet*, Oct. 31, 1849.

"Sir,—I think that my professional brethren will be glad to learn, that the Royal Exchange Insurance Corporation, on the 17th inst., decided to grant a fee to the medical referees of the parties proposing their lives for insurance.

I remain, your obedient servant,

SAMUEL SOLLY, F.R.S.,

Consulting Surgeon to the Royal Exchange Insurance.

The editor adds, the evident pleasure that Mr. Solly feels in making this announcement, proves that he has the interests of his professional brethren at heart. His just sympathy will be duly rewarded."

We are especially glad to hear of Mr. Solly's conversion, because on one occasion, when we returned a letter to his office, he expostulated with us on the impropriety of the act, contending that if the companies paid the medical referee, they could not recover in a court of law.

But we take the liberty of asking Mr. Solly, (who has no medical diploma,) how it happens that he is the sole medical officer to the Royal Exchange Company? Nineteen twentieths of the applicants who come before him, are not likely to be affected with *surgical* diseases; and, we think, that a gentleman, who from want of skill, turns over a *medical* case to a physician in an hospital, should be equally honest at an Insurance Society. The governors of these companies, like the public at large, are as ignorant of the qualifications of medical practitioners, as they are of anatomy. A Fellow of the College of Surgeons is enough for them. Our remarks will apply to many besides Mr. Solly, who have *only* this qualification. Mr. Simon, the City Officer of Health, steps into Mr. Solly's place at the Crown Office, although this office refuses to pay for medical advice.

We have said enough to shew that the fault rests *entirely* with the members of the medical profession, (especially with the upper-grade) and not with the Assurance Companies. These companies, like the Poor Law Commissioners, and other bodies, avail themselves of the disunion and want of unanimity that exists, and must always exist, until all legally qualified practitioners, are united into a Faculty of Medicine. As long as we have one grade opposed to another, and diploma shops to suit all *capacities* and *pockets*, the men who adopt a system for their own advantage, that is inimical to the general weal, will continue to be lionized and applauded as at present. The remedy is in the hands of the profession: if the medical officers, whose names we have quoted, threatened to send in their resignations, unless their brethren received the reward for their advice, that they are so justly entitled to, these companies could not hold out for six months. Plenty

of black sheep would be found to fill the vacancies, but we trust that they would be scouted by their brethren.

One word in conclusion, respecting the mode of remuneration. The fee should be sent by the directors, with the enquiries respecting the eligibility of the life, proposed for insurance. Whether the fee be paid by the company or by the insurer, is a matter of no importance to the referee, but *he must receive it from the directors*, for whose benefit *especially*, the advice is required. We call upon every man who is desirous of correcting this monstrous injustice, to return *all* letters which are not accompanied by a fee. If the general practitioners of England were unanimous, they could set at defiance Insurance Offices, Poor Law Commissioners, Medical Corporations, and Upper-Grade Clubs. Look where you will, the canker-worm is in our own system; and the only specific, is a representative Faculty of Medicine, with a uniform qualification, and equal rights and privileges to all.

MEETING OF THE UPPER-GRADE CLUB.

A meeting of the members of the John Hunter Club, to which some of the leading *upper-grade* physicians, and two general practitioners were invited, took place in Fellowship Alley, at the Sign of the Cup, on Saturday last, January 4th. The door was guarded by a keeper from a private mad-house.

Dr. Israel was unanimously called to the chair: he said that he felt fully sensible of the high honour they had conferred upon him, more especially as he had not been a member of the distinguished club, to which many of the gentlemen present belonged. He still called it *the* club, because he felt assured, that although it was thought prudent to disband the society for a time; yet its members were all actuated by the same spirit of fraternity, and brotherly love; the same determination to prevent vulgar invasions; (hear, hear;) the same spirit of unanimity in their endeavours to stem the torrent of infidel and liberal opinions; the same unflinching resolve to keep their own grade holy and unpolluted; to stick to their order and defend to the last extremity, the wise, salutary and judicious divisions in the healing art that exist in this country. (General and loud applause.) I now call upon Mr. Hawk, the secretary, to read the minutes of the last meeting. Mr. Notter suggested, with great deference to the distinguished chairman, that as they were expressly called together for the purpose of considering the subject of medical reform, and especially its probable effect, upon the *upper-grade* of the profession, and as the club might be said to be reformed, that this proceeding would be unnecessary. As the meeting was generally of this opinion, the chairman proceeded with his address.

I feel, gentlemen, that all that transpires in this room, should be locked up in the breasts of those present; we must act like the Jesuits, unity and secrecy must be our motto; we must be zealous and determined in action; the crisis is important; the time is coming, when our dearest hopes may be blasted; our fondest wishes cast to the winds; we who have been supported by kingly favour, by aristocratic patronage, are becoming the sport and jest of the vulgar, and I am sorry to add, that some of a higher rank are partaking of

the same insane prejudice. Gentlemen, the medical profession stands at a proud pre-eminence in this country ; and what is the reason of this let me ask ? Why, the moral training and discipline at Oxford and Cambridge. (Some of the gentlemen, especially Mr. Notter, appeared uncomfortable.) But let us look to the great discoveries in medicine and its collateral sciences, and how elevated is our position. Look at our pathologists, anatomists, physiologists and chemists ; and how superior are they to those of the continent. Why then should we relinquish those time-honoured institutions ; those just privileges conferred upon us by the divine right of kings ? (Great applause.) But, gentlemen, the political horizon is not so dark as some of you imagine ; we have the *medical* press, almost without exception, with us. (Enthusiastic cheering.) The editors are chiefly of our grade ; they are with us in heart. The publishers and proprietors are wholly ours ; they *must* bark at us a little, but they mean no harm. The Journal recently established by general practitioners depends upon our labours ; and those of our college who support it, are in disguise. The fears, gentlemen, that were first entertained, respecting the General Practitioners' Journal, are groundless ; it can have no weight with the government. But look to the hospital reports in the weekly periodicals, what evidence do they afford of our skill and talent ; do not our portraits ornament the *drawing-rooms* of the apothecaries ; (laughter ;) are they not gazed upon in silent admiration in our streets ? Look at us in the Strand ! Gentlemen, we have other consolatory assurances to support us at this juncture ; the apothecaries are like a bundle of sticks divided ; they have no respect for their own grade ; there is no *esprit de corps* among them ; and they all covet *our* honours and position. But our stronghold is in the House of Commons ; nine-tenths of the members are with us, and the insignificant knot of radicals, who do know a *little* about medical reform, are powerless. I have made these remarks for the purpose of inspiring the timid with confidence, and especially with a view to urge upon you the necessity of untiring energy and zeal at this crisis ; let us make less noise than our adversaries ; as I said before, silence and secrecy must be our motto ; we require the industry of the mole, and the craftiness of the fox ; both these animals work in the dark ; if we imitate them, our just rights cannot be taken from us ; our noble profession will not then become ignoble and de-graded. (Long, and continued cheering.)

Mr. Notter (who spoke in a broad Scotch accent) said, that all who had heard the eloquent address of the chairman, must feel that he had said all that *could* be said upon the subject : he felt, that they in his presence, were like butterflies around the sun ; he would not then presume to address them upon the subject, but he advised gre-at cau-tion and cir-cum-spection. (Hear, hear.)

Mr. Crusoe also took the liberty of suggesting the great necessity of cau-tion in their proceedings ; he felt that if the matter were known to the profession, it would have a serious effect upon the welfare of this (he might call it) new society. All they knew belonging to their grade, were with them ; but the young physicians and surgeons naturally felt reluctant to expose themselves to the enmity of the apothecaries. Mr. Crusoe, although his position was tolerably se-

cure, would not like it himself ; he therefore advised, with Mr. Notter, great cau-tion ; in other words, silence.

Mr. Friday observed, that he was so young a member of the profession, that it might be considered presumptuous in him to address them ; but he merely rose to say, that he agreed *in totum* (laughter) with Mr. Crusoe, and he thought it due to that gentleman to state, that the light of science he (Mr. Friday) possessed, was all reflected from him. The speaker was stopped by general cries of Question.

Dr. Betty said that those who had enjoyed the moral training of either of the two English Universities, and had dipped deeply into the works of Homer, Horace, Cicero, Ovid, Virgil, and other sages of antiquity, and knew the purity of their lives and the independence of their characters, need not be reminded of the necessity of observing silence : on this occasion he felt that the man who disclosed any circumstance that had occurred at that meeting, would be branded by the upper-grade as a traitor ; he hoped that the advice given by Mr. Crusoe was uncalled for.

Dr. Celtish with the greatest deference to Dr. Betty, whose talents he highly respected, could not exactly see what classical lore had to do with the matter, he had known some classics not over-honest. He for one regretted that no person from the worshipful Society of Apothecaries, had been invited to the meeting. (A voice, They can't be trusted.) He did not believe it : he thought the same spirit of dependency and self-interest animated them as heretofore : they had certainly shewn slight signs of rebellion, but he believed it was a mere flash in the pan ; a little apothecary effervescence with an excess of acidity, that meant nothing ; in fact their last manifesto shewed that they were desirous of taking a subordinate part. He thought the apothecaries should be allowed to examine their own members : and he would on no account change the name ; once destroy the apothecaries, he said, and our game is finished. (This remark was followed by partial cheering.)

Dr. Noland was surprised that the last speaker was so ignorant of the subject, as not to know that it had been long in contemplation, that the Colleges of Surgeons and Physicians should examine the surgeon-apothecaries ; they would form a sort of double Faculty of Medicine : the *upper* grade would examine the *lower*, and he would like to know whether their order would not be in a better position than at present ? Circumstances however had come to his knowledge that led him to fear that although the ministers were well disposed towards them, they would not be able to get exactly what they wished ; their best policy would therefore be to get all they could. (Cheers.)

Mr. Headless, a general practitioner, observed, that he thought it a great honour to be present at such a meeting, surrounded as he was by the first surgeons and physicians in Europe, he might say in the world. He could also boast that he had the honour of meeting many of these gentlemen in consultation, and he had invariably received from them the greatest urbanity and politeness, and he could record many marks of kindness they had shewn him. He presumed to hope that his presence at that meeting was a guarantee that his political opinions were of the right sort. (Cheers.) The reform he

had advocated would not interfere with their rights ; he revered their time-honoured institutions, and he would not destroy one brick of them. One of his aspirations he had recently gratified, and he hoped yet to make a nearer approach to the pinnacle of fame. He presumed however to give one piece of advice, and he did so with the greatest humility and deference : Let them take care that in grasping at too much, they did not lose all.

Mr. Swallow, the other general practitioner, remarked, that the invitation he had received to attend this meeting, had certainly softened some of the asperities he had before felt. He had never, although a medical reformer, advocated such visionary schemes, such baseless shadows, as a "one Faculty of Medicine, election by concours, and public examinations : " (cheers) he believed that they were neither suited to the soil, nor the habits of Englishmen : they might do in revolutionary France (thundering applause). He believed that those who advocated these innovations, were both knaves and fools (renewed cheering). They all knew that he now possessed some power in the political world ; he was a reformer—not a destructive ; he approved of gentle doses—not of drastic purgatives ; he would rather apply the straw, than the horse-whip ; and he always preferred honey to vinegar. He did not hesitate to assert, that although he differed from most of them upon the question of medical reform, he looked with reverence and respect on the time-honoured medical institutions of the country (general cheering).

The Chairman (who had been gaping like a carp for some time) said, As no other gentlemen appeared inclined to address the meeting, he would make one or two remarks. He certainly felt disappointed that some of the distinguished physicians and surgeons that he saw around him had not given them the benefit of their opinions ; he feared however, that the cautious speeches of their Scotch friends had damped their southern ardour : at the same time he fully approved of the advice they had given. As the object of this meeting was only to take steps to watch the proceedings in Parliament, he would exhort them to use their powerful influence in the good, and holy, he might add, life-breathing cause for which they were assembled ; he presumed to advise them, if by any mischance the scheme that they all had at heart, should be frustrated ; that the next best move would be, to stick to the Apothecaries. His inclination would lead him to propose a vote of thanks to certain editors and publishers, both provincial and metropolitan, for the assistance they had afforded them. He thought the thanks of the meeting were especially due to the Worcester council, and the editors of the *Provincial Journal*, but as no resolutions were to be passed, he must forego this gratification. Mr. Hawk, their secretary, would take care to summon them when their presence was required, and at the next meeting, certain resolutions would be submitted to them, which he felt sure would meet with their approval. The club would henceforward be called, The Upper Grade Club. After a vote of thanks to the chairman, and three cheers for the Colleges of Surgeons and Physicians of London, the meeting separated.

A CASE OF EMPYEMA, AND LARGE HYDATID CYST OF THE LIVER, WITH REMARKS.

By J. M. BEANE, Esq., M.R.C.S.L., L.A.C., Peckham.

April 14th. 1835, I was requested to see Mr. B. æt. 26, coachman ; a strong muscular man of intemperate habits ; he has been subject to cough for several years, and has felt frequent uneasiness and pain in the epigastric region, but his friends never heard him complain of hardness or swelling of that part. I attended him twelve months since for pain in the side, which yielded to the application of leeches, and the antiphlogistic treatment. His breathing for some time after this was hurried, on exertion, but he was soon able to resume his usual employment. He was celebrated for his feats of strength and agility, and yesterday he was jumping over ditches with some of his companions. This morning (April 14th) he is labouring under acute pleuro-pneumonia of the left side ; pulse 120, sharp and wiry ; rigors ; frequent cough ; hot skin, and severe pain. He was bled largely from the arm, and calomel and tartarized antimony were given at short intervals.

It is unnecessary to detail the daily symptoms up to the time of his death, which took place on the 5th of May. The inflammation progressed in spite of three bleedings from the arm ; the application of leeches to the chest, and the usual means of treatment in these cases. The cough became loose, and there was abundant purulent expectoration ; he was unable to lie on the right side until within four or five days of his death, and then not without considerable uneasiness.

I examined the body thirty hours after death with Dr. Crisp, who had seen the patient with me during his illness. The body exhibited great muscular development.

Chest.—The right lung large and healthy ; the left nearly destroyed, with the exception of a small portion on each side firmly adherent to the adjoining parts. The pleural cavity contained more than a quart (by measure) of healthy pus. On removing this a cyst was seen about the size of a man's fist ; its contents appeared to have escaped into the pleural cavity, through a small opening in its parietes ; the sides of the sac were about $\frac{1}{2}$ of an inch in thickness, and its interior was lined with a smooth membrane. There was slight hypertrophy of the left ventricle of the heart, but in other respects this organ was in a normal state.

Abdomen.—On cutting into this cavity a tumour presented itself in the epigastric region, about the size of a child's head at birth ; this was attached to the left lobe of the liver ; it was elastic and of a purplish colour. The liver very large ; its substance soft, and the vessels much congested. The stomach was empty and its mucous lining was ecchymosed in various parts ; the rest of the abdominal viscera healthy. The brain not examined.

On removing the tumour, it was discovered to be an acephalocyst ; a sero-fibrous sac, containing an enormous quantity of hydatids, about the size of marbles ; several of these were of an amber colour ; those that were attached to the sides of the cyst, rested upon a hexagonal elevation of the lining membrane, about 5 lines in diameter. The parietes of the cyst were about $\frac{1}{2}$ of an inch in thickness.

REMARKS.—There are several points of interest in this case ; and the first thing that will probably occur to the mind of the reader, is the extraordinary fact, that a large tumour, like the one described, should have been undetected during life. When, however, the situation and elasticity of the swelling are taken into account, the circumstance is less remarkable. The grave and acute nature of the chest affection, served to divert my attention from the abdomen ; and I did not even suspect disease in this part. It is curious, that a man with such a tumour could take violent exercise, without much apparent inconvenience. I find, however, in the case of hydatid cyst of the liver, related in your Journal, p. 221, by Dr. Henry Crisp, the swelling had attained a large size before the patient observed it. If the man had escaped the chest affection, there is no reason, I think, why (as in the instance just alluded to, and in the case of M. Jarjavay, p. 184) my patient might not have recovered, either by the assistance of the surgeon, or by the resources of nature. One of the most important questions connected with the case, is the cause of the pleuro-pneumonia ? It will be recollected, that the man, twelve months before his death, had a slight attack of pleuritis. Is it probable, that the smaller bag of pus was formed at this time, and that the sac was ruptured during the violent exercise that the patient took the day before I saw him, and that the escape of its contents gave rise to the subsequent inflammatory action ? The appearance of the lining membrane of the smaller sac showed, I think, that it was not of recent origin.

*Peckham,
January 10, 1851.*

CASE OF DIFFUSED PHLEGMONOUS INFLAMMATION OF THE ARM, SHEWING THE ADVANTAGE OF THE LONG INCISIONS, WITH REMARKS.

By J. N. BAINBRIDGE, M.D., M.R.C.S. Eng., St. Martin's Lane.

John Ledger, æt. 40, a shoemaker, was admitted into the Infirmary of the Workhouse of St. Martin-in-the-Fields, 25th of September last. He resided in Whitcomb Street, in a very unhealthy house, so much so, that my colleague Mr. Leonard, who first saw him, recommended his immediate removal to the Infirmary. He states that he has been accustomed to drink three pints of porter daily, with occasional glasses of gin ; and that about nine days previously, a small red spot appeared on the fore-arm, near the wrist, which was painful, and extended daily up to the shoulder, accompanied by great swelling of the whole limb. When first seen it was full three times the size of the other arm, the skin generally having assumed a slightly purple appearance, with two or three gangrenous spots, and it was exceedingly painful. He was partially delirious ; pulse 120 and wiry ; tongue dry and brown.

As the loss of the arm ; and indeed of the patient's life was to be much feared, I deemed it essential that immediate relief should be obtained by making free incisions. One was made from the front of the shoulder nearly to the elbow, another along the course of the biceps into the cellular structure, and three along the fore-arm, each nearly six inches in length ; from these about a pint and a half of

blood issued ; he was ordered hot fomentations, and the limb was subsequently enveloped in a large beer ground poultice : one grain of hydrochlorate of morphia to be given directly, and effervescing draughts every three hours, with the addition of ten grains of bicarbonate of ammonia.

The next morning he appeared to be much improved, more sensible, and the nurse stated that he had slept well for several hours : pulse 100 and more full.

In two or three days healthy pus appeared, the swelling rapidly declined ; some few sloughs of cellular structure occurred: the wounds granulated pretty well ; they are now healed, and his health is quite restored.

About three months previously I had a very similar case in the leg of a man who had been addicted to inordinate dram-drinking, and who was labouring under delirium tremens at the time of his admission, with low muttering and a dry brown tongue ; gangrene having commenced on several parts of his leg which was enormously swollen. Three long incisions, extending nearly from the knee to the ankle, were made in this case, and in three weeks he was walking about the ward.

Three years ago I had an almost parallel case in a man's leg, where a like plan of treatment produced the same happy results.

These examples I consider to be valuable, as exemplifying the superiority of this method of treatment to every other in these most dangerous cases. It gives instantaneous relief to the extreme tension of the skin, unloads the overcharged vessels, and leaves room for the subsequent escape of the dead portions of cellular membrane: without it, in all these cases, I feel assured that there would have been, if not a fatal result, a necessity for the removal of the limb.

*St. Martin's Lane,
Jan. 17, 1851.*

REVIEWS.

ON THE PRESENT STATE OF THE MEDICAL PROFESSION IN ENGLAND.
BRING THE ANNUAL ORATION DELIVERED BEFORE THE MEMBERS OF THE
BRITISH MEDICAL ASSOCIATION, ON THE 21st. OCTOBER 1841. BY R. E.
GRANT, M.D., Professor of Comparative Anatomy in the University Col-
lege, London, &c. &c.

In the Biography of Dr. Grant, which recently appeared in the *Lancet*, this oration is barely alluded to ; but as Dr. Grant's remarks are as applicable to the present state of the medical profession as they were to its condition ten years ago, we think the following extracts cannot fail to interest those of our readers, who are desirous, like the orator, to effect more than the *patchwork* reform, that *all* our cotemporaries are advocating.

" The great affairs of the medical profession, such as the qualifications, the duties, the protection, the remuneration of medical practitioners, the direction and support of colleges and schools of medical instruction ; the framing and superintendence of the medical curricula, and the examination of candidates ; the regulation, the support, the patronage, and the medical administration of all hospitals, and other

establishments for the sick ; the objects and privileges of medical corporations, have too many important relations to the health and well-being of the community at large, to be neglected by any well-conducted administration. Throughout France, Germany, Italy, Denmark, and most parts of Europe, the ordinances relating to medical affairs, belong entirely to the legislature ; so that the qualifications, duties, privileges, rights and immunities of medical men are uniform, fixed, and determinate, throughout the extent of each realm, and these laws have the same high and responsible foundation as the other ordinances of the state. Even if we had not the experience of the working of an opposite system in other countries, we might anticipate that in affairs which so much concern the public welfare, such a form of administration would be more likely to be generally satisfactory, and to insure more uniform and beneficial results, than if they were left to the uncertain and varying caprice, or to the private interests of inferior and contending parties in the state. National education among the French is regulated by the University of France, which is supported by, and responsible to the government, through the Minister of Public Instruction, and has its subordinate college and other institutions in all parts of the empire, with about 5,400 functionaries, chiefly instructors, salaried by the state. Every circumstance, to the minutest details, connected with medical education and government, is fixed by legislative decrees, like the other important affairs of the state. The Royal Academy of Sciences, or Institute of France, the Faculty of Medicine of Paris, and the Museum of Natural History, consist of men salaried by government, who have determinate duties, and represent every branch of literature, science, and the arts. They form a striking contrast with our country. In the Budget of the present year, (1841) for instance, there are fifteen professors in the Museum of Natural History alone, with salaries of 5,000 francs each ; and in the National Museum of Natural History of England, there never has been a single instructor since the first foundation of the empire."

" Had the governments of Egypt, about the time of Cambyzes, confessed an incapacity to legislate in affairs connected with the public health, and found it necessary, therefore, to seek for any small juntos willing to undertake them, among the physicians described by Herodotus, in the passage I have above cited, they would also, from the divisions of medical practice then in use, have established, with equal propriety, colleges of physicians of the eyes, colleges of physicians of the head, colleges of physicians of the teeth, colleges of physicians of the stomach, colleges of physicians of the urinary and genital organs, and so of other parts : these indispensable and irresponsible medical legislatures, having interests and privileges the most incompatible with, and the most destructive of each other, and obviously calculated to foment hostility and discord among all the parts of the dismembered profession. So deplorable an example of medical legislation, however, that wise people has left to posterity to realize."

" Indeed, so great an insult to the Universities of Oxford and Cambridge, as that of re-examining the competency of their graduates, against which all the statutes of Henry VIII. had given the most strict injunctions, and which is not sanctioned or countenanced by any

subsequent statutes, could not have been connived at, without the inducement of the prospective advantage thence to be derived to the English church ; and this understanding between all the parties, is sufficiently apparent from the details of Dr. Winterton's letter from Cambridge to the President of the College of Physicians of London, in 1635. These encroachments on the rights of University Diplomats, have been greatly encouraged by the supineness or incompetency of our legislatures, and have now almost rendered the granting of such diplomas, conveying privilege of practice, a public fraud. The incompetency of our legislators to judge in questions relating to medical privileges and qualifications, has been often displayed, as by their selection of the Bishop of London, and the Dean of Saint Paul's, aided by four medical practitioners, as the most appropriate tribunal for the examination, the approval and the admission of the members of our profession, to practise physic and surgery in the metropolis of England. They permitted the College of Physicians to imprison Dr. Bonham, a distinguished physician and a graduate of Cambridge, in 1610, for practising in London, and declining to submit to their arbitrary, illegal, and insulting ordeal. They permit the College of Physicians to designate, by the reproachful and insulting epithet of licentiates, the most learned and able members of that body, and arbitrarily to exclude them from their chartered rights of fellowship. They permit the College of Physicians at present, arbitrarily to compel its candidates, to dispossess themselves of their previously purchased privileges, as members of the Apothecaries' Company ; and also to dispossess themselves of those acquired, by becoming members, of the College of Surgeons. They permitted the College of Physicians arbitrarily to restrict the number of its fellows to twenty, by a by-law which was pronounced by Lord Mansfield to be "illegal." Oxford, indeed, obligingly handed over the public examination of its graduates entirely to the London College of Physicians, till repeatedly and severely reprimanded by Lord Stowell, when at length that university found it both expedient and safe to return to its duty, as shewn by their distinguished Professor, Dr. Kidd, whose candid criticism of many abuses, merits the gratitude of his profession. That learned physician, however, is not quite correct in supposing, that the question of medical reform, has ever been agitated with the community of English practitioners, in consequence of 'the difficulty of admission to the fellowship of the College of Physicians.' It is notorious, that the mass of medical knowledge and skill, has always been confined to the misnamed licentiates, and that every difficulty, in a fair and honest competition with the favoured few, they would have been the first to surmount. The dissatisfaction and the disgust of the licentiates, have always arisen from the unfairness of the competition, the partiality and injustice by which they were prevented from shewing how much more qualified they were to overcome all honourable difficulties of admission, than those graduates of those most defective medical schools. Oxford and Cambridge, whom the college had arbitrarily determined alone, to receive into the fellowship. Dr. Wells, says, 'the three physicians, who to my poor apprehension, have appeared to have the weakest understanding, and the smallest extent of knowledge, of all those with whom I have happened to converse, either in this, or

any other country, are fellows of the College (of Physicians) of London;' (Letter to Lord Kenyon, p. 330 ;) and this must always be their character, while their by-laws prevent learning, knowledge, genius, and skill, from having any concern with their elections. Indeed, the encroachment of this drug-testing corporation, on the chartered rights of our ancient universities, are now become so ludicrously extravagant, and their by-laws are now so totally at variance with their chartered privileges, that the profession is bound to demand of the legislature, as an act of common justice and honesty, either to rob our venerated universities of their long enjoyed right, to grant medical diplomas and privileges of practice, or to cause the corporation of physicians of London to return to their original judiciary functions of examining drugs, and documents, and quacks, and selling their privilege, as limited and prescribed by their charter and statutes, or to wipe away one of the greatest nuisances which has ever disgraced a learned profession."

"Incapable of contributing to the advancement of any part of medical science, or of venturing into any honourable competition with the attainments of the licentiates, yet anxious to make it believed that they have some claim to superiority over the latter, the petty expedients to which the fellows of this college have been compelled to resort, to keep up a forced and false appearance, have made them the derision of the profession, and their hall a kind of puppet-show, in which the more learned of their own body are ashamed to be seen."

"He has declined to disgrace his fellowship in the Royal College of Physicians of Edinburgh, by submitting to an arbitrary, illegal, and ignominious ordeal, and the certainty of insult, from the College of Physicians of London, in the mere hope of receiving from them the degrading rank, and the opprobrious title, of a licentiate of their body—an epithet of reproach, adopted by the London College, about the year 1555, for persons found incompetent to practise as physicians, but capable of serving as dentists, aurists, oculists, phleboto-mists, &c. Indeed, as a gross violation of his legal rights, as well as of justice, professional etiquette, and decent civility between kindred establishments in the same realm, though now a sufferer from fourteen years' privation of every privilege and advantage of all his past professional life, solely by the usurped authority of the College of Physicians of London, he repels the proposition of such ignominious ordeal from them, with its merited contempt, and leaves the scrutiny and application of his case to you, and its judgment to impartial posterity."

"Does the history of medicine present a more pitiable spectacle than the efforts made by this college to injure such men as Dr. Wells, Dr. Armstrong, Dr. Wright, Dr. Stranger, Dr. Harrison, the illustrious Dr. Good, and others alike esteemed for their private virtues and their professional eminence? The College of Physicians drove Dr. Burgess from this metropolis, to seek practice in the country, in a manner revolting to every feeling of justice and humanity, merely because he had once been in holy orders, and this, although Linacre and Chambre, the two founders of the college, had been in holy orders. If this college has never been respected by the respectful

members of our respectable profession, it is because it has never sought, by a single generous, or virtuous act, to merit the respect of honest men."

We make no comment on these remarks, but we give the concluding sentence in the Biography of Professor Grant, from our cotemporary the *Lancet*. We would that many who are painted, puffed, and praised in the medical journals, had shewn half the honesty that Dr. Grant has exhibited, they would *then* deserve the respect of their brethren.

"The history of Dr. Grant is the history of his published works, his lectures, his connexions with learned societies, and his scientific explorations. Out of these he has scarcely had an existence, and scarcely an incident has occurred to ruffle the even tenour of his domestic life. Most retiring in his manners, in his deportment quiet and modest to an unequalled degree, clad always with the most extreme simplicity,—few to whom he might be personally unknown, would, from his very unostentatious bearing and appearance, suppose that they beheld a man of his profound knowledge and deserved renown,—until, the hat being removed, the whole contour of his head, his intelligent eye, and the entire character of his countenance, betokened that they saw no ordinary person. Tranquil, in general, to a proverb, he is yet to be seen often, in the lecture room, highly animated, when warmed on some favourite theme. Courteous to all; scrupulous, in the highest degree, to avoid the least offence to any; he is yet not with impunity to be trifled with; and he can be as bold and fearless, in denouncing what he deems to be wilfully wrong, as he is disposed to be indulgent, where he conceives that foibles and error spring from inexperience, or from sources not wholly evil. On the whole, we are not acquainted with any one who more fully realizes our idea of a *gentleman*; and though he has hitherto been lamentably little benefited by his *friends*, we can scarcely conceive him to have an enemy."

A PRACTICAL TREATISE ON THE DOMESTIC MANAGEMENT AND MOST IMPORTANT DISEASES OF ADVANCED AGE, WITH AN APPENDIX CONTAINING A NEW AND SUCCESSFUL MODE OF TREATING LUMBAGO AND OTHER FORMS OF CHRONIC RHEUMATISM, SCIATICA, AND OTHER NEURALGIC AFFECTIONS, AND CERTAIN FORMS OF PARALYSIS. BY G. C. DAY, M.D. Fellow of the College of Physicians. &c. 1848. pp. 342.

No apology is needed for introducing this book to the notice of our readers. Dr. Day has, according to the custom of this country, been selected to an important post at the University of St. Andrew, where he appears to act the Great Mogul to perfection; he chalks out the line of cramming the buyers of parchment are to pursue, and tells them to study one of his own annotations. But our business is to examine the examiner, and to test his *practical* knowledge. In the title page is the following Puseyite hash, which is not to be found in the Bible: Solomon would not have written such nonsense.—

"The reasons why persons in this age fall so soon into this decrepit state, and why the miseries thereof are so multiplied and magnified upon them, is because either they call not in soon enough for help, or because those that are called in, either understand not, or mind not what they ought to do. An honest man and an able physician may surely approve himself to his ancient pa-

tient a restorer of life and nourisher of old age."—*King Solomon's Pourtraiture of Old Age*.

The author in his preface says, he has intentionally omitted to notice the appearances presented after death from the diseases which he has described; these are to be found in the second volume of Vogel. A curious announcement for a *practical* writer. Dr. Day also tells us, that he avails himself of the assistance of Canstatt's labours, and then quotes eighty-nine books *mentioned by this author*, besides dictionaries and cyclopædiæ; a fair amount of reference. In speaking of the organs of the circulation in old age, we are told that calcareous deposits, destroy the elasticity of the arteries and predispose them to rupture and aneurism. But unfortunately for Dr. Day's theory, *as these deposits become more abundant, so does the liability to aneurism decrease*. The pulse, we are informed, in old age, should be counted at the heart, not at the wrist. We next have a "ticket for soup" in the *hygiene* of declining life, but we are first told that breakfast is to be at 9, luncheon at 1, dinner at 5, and tea at 8. Dr. Day does not write for the vulgar herd but for the octogenarians of Belgravia. One would suppose that Dr. Day had only prescribed for ladies and gentlemen. The author's cookery rivals that of Soyer, but it is not quite so economical; he tells us that a mutton chop is rendered more tender and juicy, and therefore more easy of digestion, by cooking it between two others. Amongst the birds in ordinary use, geese, ducks, teal and widgeon are only interdicted: the Doctor, however, only interdicts the *eating*, not the *plucking* of the first bird. *Pâté de Foie gras* is protested against. Whiting, sole, haddock, flounders, plaice and cod may be taken by the aged, and occasionally, turbot, *but without lobster sauce*. Before finishing the animal kingdom, the Professor ventures to plead for turtle, which he thinks a wholesome food, and he says he entertains a "similar idea" with regard to oysters, which should be eaten raw, with a little pepper. And now for the vegetables. 'Peas, beans, and the cabbage tribe, should as a general rule be avoided, as liable to produce *flatulence*. Those who cannot take the above vegetables, without melted butter, had better abstain from them. Puddings should be plain, and fruits indulged in carefully. As regards drinks: *pale-ale* seldom disagrees with hale old people. *Vinum lac senum*, we are told, is a very favourite quotation with old gentlemen, and, in moderation, the author grants its truth. A glass of wine at luncheon, and two after dinner, may be regarded as a fair average. Madeira and Sherry are the most serviceable, especially Amontillado. An old lady, aged 70, came under the author's notice who could only take red Constantia. But the reader has had enough of this twaddle, and perhaps feels an inclination with us, to ornament the Professor with a white apron, and a paper cap, and make him a cook, especially for old *gentlemen and ladies*. *Garrit aniles ex re fabellas*.

In speaking of the urinary deposits, he says, "The nature of these deposits is explained in my other works," and a case of ruptured bladder is mentioned, which can only be introduced, to shew the paucity of the author's information. In the chapter on inflammation, the question is asked, Is the use of the lancet ever justifiable in the diseases of old age? What a question for an examiner! who soon

after tells us, that medicines in a fluid form, are preferable to pills and powders for old people, and that chloroform may be administered with advantage, in painful affections of the nervous system, when freely diluted with atmospheric air. Surgical operations are more dangerous than in earlier life ! better in hydrocele to submit to puncture, than the radical cure by an operation. The climacteric disease of Sir H. Halford is not forgotten ; this, followed by senile marasmus, and another receipt for broth, pneumonia, bronchitis, bronchorrhœa, asthma, (by which Dr. Day means an intermittent difficulty of breathing) hydrothorax, (one cause assigned for this disease is extreme ossification of the ribs,) phthisis, influenza, apoplexy, paralysis, cerebral softening, meningitis, mental diseases, neuralgia, dyspepsia, gastritis, cancer, diseases of the rectum, gall stones, jaundice, dropsy, palpitation, diseases of the urinary organs, sexual excitement, diseases of the skin, senile gangrene, gout, and muscular rheumatism, form the author's catalogue of diseases. *In all these, we do not find one single case, or tangible record of the professor's experience.* The book is entirely made up of gatherings from other writers, and some of the extracts, especially from Hourman, Dechambre, Chomel, Andral, Rostan, and the Registrar General's Reports, are interesting and instructive. But although Dr. Day has borrowed so much from others, the information is generally very meagre. We could quote numerous passages to shew, that his bed-side knowledge must have been very limited, or he would not have betrayed so much ignorance upon many subjects. If the *concours* existed (as it ought to do) in this country, Dr. Day would have had as much chance of attaining his present position, as the hippopotamus would have of ascending the monument. But the practical part of the book is in the appendix, where nine cases are given to shew the benefit of the application of a flat iron button, gently heated in a spirit lamp, to the skin, in neuralgic affections, as used by Mayor, Trousseau, and Corrigan. That such an application, like the brown paper and box-iron, used by old women, will succeed in some cases, and fail in many, we have no doubt. There are no specifics for neuralgia and rheumatism.

If the reader think we have used too much severity in this criticism, let him refer to the book itself ; let him remember that the author, nine years ago, was a student at Edinburgh, and took his doctor's degree in 1849 ; let him look to his present position and power ; let him reflect on the laws which govern such appointments in France, and as an honest man, ask himself whether these things are creditable to our government ? This book may have been well spoken of by some reviewers, but according to the fashion of the day, if a man belong to a certain *clique*, the veriest dross is made to pass for pure metal ; and rubbish, collected from all quarters, is applauded *en masse*. Verily there are too many who favour this corruption !

SCRAPS FROM OLD AUTHORS.

There is a disease in infants, when their heads are too bigg for the rest of their bodie. This is a great disease among schollars ; they have a great deal of head knowledg, but, alas ! what little practice is there in their lives !—*Ward's Diary*, 1648.

MR. SOUTH'S HISTORY OF ST. THOMAS'S HOSPITAL AND SOME OF
THE most celebrated persons connected with it. AN ORATION, DELIVERED JAN-
UARY, 23rd. 1851.

We envy not the man who can look without interest at the place of his pupilage—at the Hospital where he first saw a capital operation, and heard his initiatory lecture—where many of his friendships were formed, and his juvenile follies and frailties exhibited. On wending our way through the busy streets of London to this scene of bye-gone days, we thought of the many who sat with us on the same benches : and who were fellow labourers in the same arduous pursuit ; the recollection, however, was in some respects a painful one ; the grave had closed upon several in the bloom and noontide of youth ; others had left wives and children to bewail their loss, and not a few had fallen victims to their zeal in the pursuit of science. On entering the well lighted apartment these painful reminiscences were soon dissipated : we beheld some, who, a quarter of a century ago, prided themselves on the cut of their coats, and the symmetry of their proportions, looking, round as a beer-barrel, and figureless as a fog ; heads that had then much *external* cultivation, were so mowed by the scythe, as not to require the shears ; and faces, that *once* wore the aspect of thoughtlessness and mirth, were *now* wrinkled and care-worn. We began to trace the career of some of those before us, and to reflect on the advantage of silver spoons, and on the fickleness of that jade *fortune*, when our reverie was interrupted by the applause which greeted the hero of the evening, Mr. South. Before we give an outline of his discourse, let us say a word about the lecturer, whose “ Household Surgery ” we have been *reluctantly* compelled to notice in no favourable terms. Mr. South has two qualities that we especially admire, viz. honesty of intention, and a fearless spirit. Men are all, to a great extent, creatures of circumstance : influenced by early habits and associations : and we should as soon expect a bull-rush to become an oak, as a man bred in an hospital to turn medical reformer. They are all, as Sam. Slick says, “ spoiled in the bringing up.” When a parson looked through a microscope, he saw a church ; a lady, whose optics were differently formed, saw two lovers ; a city alderman would perhaps discover Smithfield market, but smell nothing ; and our hero would, probably, behold the College of Surgeons, and the President’s chair.

Mr. South went first, very fully, into the history of St. Thomas’s Hospital, and quoted largely from Stowe, but as most of these quotations were rather more curious than instructive, we need not say much about them. Sore heads were not cured by the regular craft ; little boys were given to priggish ; the parsons and almoners were not so moral as they should have been, and in 1360 a beadle was elected ! The citizens of London made subscriptions for the benefit of the Hospital. Napoleon had called us a nation of shop-keepers, but we had licked the French ; the orator hoped we should again ; and William Pitt was the greatest man that this country ever produced. These, and many other matters, that had as much to do with St. Thomas’s Hospital as with a Chinese Pagoda, were dwelt upon. The governors, according to the orator, were always desirous to advance medical science, but the proofs given were not quite conclusive.

Thus, in 1710, the grand committee ordered that the surgeons should not be permitted to take more than three *cubs*, as they expressed it; in other words, pupils. These gentlemen were also very jealous of their authority, and did not always elect the surgeons recommended by kings and nobles: no instance, however, had occurred in the history of the hospital, of the election of a surgeon *who had not been an apprentice*; a regulation that of course met with the orator's approval. But the most curious part of this entertaining discourse was the political digression. No person could practise in the City of London, as a physician or surgeon, who was not examined by the Bishop of London, and four doctors of physic. We can point to several *now* living, who have been made doctors of physic by the divine right of bishops. The loss of the College charter in 1796 was alluded to, and Lord Thurlow was called a brute by the orator, but Mr. William Lawrence gives a different version of this affair. The bill (like the charter of 1843) was smuggled through the Commons, and had nearly passed the Lords, when Thurlow exposed the dishonesty and arrogance of the whole affair. It was proved before the committee that the 80,000*l.* paid in the shape of examining fees, was dissipated in useless extravagance, and that the examiners had pocketed 16,500*l.* But this addition did not suit Mr. South's politics. In 1821 George IV. promised the College a gold-mace, but when the goldsmith's bill was taken to him, he told Sir E. Home that he had forgotten the circumstance, and if he had known that he was to have paid for the mace, the College would not have had the charter. Hear this, ye sticklers for the divine right of kings! The treatment of naval surgeons was properly spoken of with great indignation, but "Thank goodness," exclaimed the orator, "the College has taken this matter up, and I hope it will soon be mended." But *when* did the College take this matter up, and *why*, we ask?

As the sum and substance of a lady's letter is said generally to be in the postscript, so did our orator put the celebrated men connected with St. Thomas's Hospital into a small compass. More than 600 long years have rolled on since this institution was founded, and the only persons who had a niche in this temple of science, were Cheselden, Birch, Chandler, Cline and Chapman. What a damning blot is this, Mr. Orator, upon the system you advocate. What a muster-roll! With the exception of Cheselden, how many of these were known out of England? But for the honour of St. Thomas's we must give the name of Astley Cooper, a man who in spite of a bad system, and the bad atmosphere that surrounded him, was worthy of great honour; his memory must be dear to every British surgeon. A field must be barren indeed, that does not produce one patch of fertility; there are always some green spots in the desert; but we confess the vineyard of Saint Thomas has resembled more the garden of the sluggard. Would that we could introduce some young and vigorous cultivators, unconnected with the old stock. Nepotism has had a long run in the Borough, as they say of tragedies. We should like the play of the *Concours* and *Hospital Statistics*.

But the worthy whose eulogy occupied the most time, was Mr. Abel Chapman, the late Treasurer, who spent 72,000*l.* in the new buildings, and more than 7,000*l.* about the medical school. It is questionable whether the funds of the Hospital can legally be devoted

to such a purpose. It is time that these matters should be investigated by the House of Commons.

Mr. South amongst his many vagaries, stated, "that Oliver Cromwell was one of the greatest men that this country ever produced, but he hated his politics." We now ask the reader to ponder well this question, and then give an honest answer. If all the medical corporators were served as Oliver served the Long Parliament; a Faculty of Medicine established in England, Ireland and Scotland; election by *concours* introduced; and the large metropolitan hospitals placed under the controul of Government, what would be the effect upon medical science before the termination of the present century?

THE LONDON AND PROVINCIAL DIRECTORY. London: Churchill.

We had occasion in our first number, to enter so fully into the merits and demerits of this work, that a lengthened notice is now unnecessary. Many of the remarks we then made, are applicable to the present production; but we are bound to admit, that in some respects, the Directory of 1851 is superior to its predecessor. The proprietors and publisher of this work, have evidently a leaning towards the upper-grade, and a taste for cold water and infinitessimals. We give our reasons for this belief: First, It was stated in the last Directory, that a man must go to the College of Physicians to obtain a legal right to practise as a physician in London: an assertion that betrays *gross ignorance*; and we notice it *again*, because some of our contemporaries have fallen into the same (qu. wilful) error. We throw down the gauntlet, and dare the College of Physicians to the trial. In France before the revolution of 1789, there were 15 Colleges of Physicians, which were deservedly abolished. These *clubs*, (as Dr. Wilson calls them,) do not now exist in France; but we fancy the names of Louis, Andral, Cruveilhier, Magendie, Orfila, Flourens, and a thousand others, will bear comparison with the president and fellows of the London College of Physicians? Secondly, It was also said, that every gentleman would be required to state, whether he practised as physician, surgeon, or general practitioner? but we are *now* told, "*in accordance with the opinion of the profession generally, that these designations have been omitted.*" We suspect the proprietor's definition of *the profession*, is limited to the fellowship-circle. Would a *general practitioner* be ashamed of his title? And now for the proof of the correctness of our second supposition. And, we ask, whether the editors of Mr. Churchill's British and Foreign Review, (whose taste for globules, and wet sheets is proverbial,) have had any thing to do with the concoction of this list of 46 homœopaths and hydropaths, whose names are inserted twice, and many of whom enjoy the peculiar exemption of having M.D. tacked to their names without stating from whence the title is derived; they are at the same time called by the proprietors, *duly qualified practitioners*. (Page 542.)

Although several errors have been corrected, there are still many omissions; and the fault rests chiefly with the proprietors, who need only a little expense and trouble, to remedy some of these imperfections. The street list is very imperfect: take Peckham and Camberwell as examples: in the former place only eight names are given, and in the

latter three ; but there are probably more than thirty practitioners in these villages, whose names could all be ascertained in an hour's walk. The proprietors of this work have been at great expense and trouble in bringing it to its present state, and many of the errors rest with the members of the profession. We call upon all who are desirous of having a correct *general* registration of the legally qualified medical practitioners of England, to assist the editors in exposing errors, and in correcting mistakes of all kinds. Without such assistance the work must remain imperfect.

We beg of the reader to turn to pages 23 and 25 of the Examiner, and to peruse our analysis of the Medical and Provincial Directory for 1849. We could not undertake such a labour again. We have dissected, and laid bare, the absurdities and inconsistencies in our corporation-ridden profession, and at this *particular crisis*, the document is one that *should* interest every man whose aspirations extend beyond the money-getting department of the practice of medicine.

TEMPERANCE AND TEETOTALISM : AN INQUIRY INTO THE EFFECTS OF ALCOHOLIC DRINKS ON THE HUMAN SYSTEM IN HEALTH AND DISEASE. BY WILLIAM CARPENTER, M.D. &c. Reprinted from No. XLVIII. of the 'British and Foreign Medical Review,' Edited by John Forbes, M.D., &c.

We are told that "the Essay had its origin in the desire entertained by Dr. Forbes, who at that time edited the British and Foreign Medical Review, to bring the question of the use and abuse of alcoholic liquors fairly before the Medical Profession. The author, heartily sympathising in this desire, undertook, at Dr. F.'s request, the preparation of the article, and did his best to render it worthy of the distinguished rank held by the journal for whose pages it was destined. He had the advantage of being able to take a position of complete independence ; being under no trammels, either to the advocates of total abstinence, or to the members of the medical profession ; and he has addressed himself with equal freedom and sincerity to both classes."

We apprehend that there can be but one opinion amongst medical men, respecting the injurious effects of alcohol on the moral and physical condition of man. It might very properly be called the excitomotor of crime; for if the inmates of our gaols and prisons speak the truth, they will tell you that they were, primed with gin before they committed the acts that led to their incarceration. The dissecting table daily reveals the ravages, that this curse of the human race, makes upon the various structures of the body.

The author of this Essay, quotes numerous facts to shew the injurious effects of the *excessive* and habitual use of alcoholic drinks ; and he endeavours to prove the correctness of his opinion, by chemical and physiological induction. As we shall have occasion in a future number, to speak of the Prize Essay of Dr. Carpenter, which is an extension of this article ; we abstain on the present occasion, from entering into the question of the accuracy of the author's deductions, and from giving an opinion respecting the justice of the accusation brought against three of the adjudicators of the Prize Essay, Drs. Forbes, Guy and Roupel, by an anonymous correspondent in the Lancet. The question to be considered hereafter, is, Did these gentlemen know

that Dr. Carpenter was the writer of the Essay ; and if so, should they, as honest men, and impartial judges, have retained the office of adjudicators ? The question concerns the awarders of the prize, not the prizeman.

We give one extract from the article in the review, and we are told that a reprint of this article has been circulated to the extent of 30,000. We particularly direct attention to the remarks on hydropathy. Does Dr. Carpenter, who has witnessed the result of this system, "*but in a few cases*," think this a proper dish to put before peer and peasant ; who readily fall into any delusion—who would rush into cold, or hot water, at the dictum of an examiner of the University of London ? The writers of the British and Foreign Review have been coquetting with hydropathy and homœopathy long enough ; it is time that they should make their choice between them. There is a great deal of truth in the following extract, but we complain of the jesuit-like allusion to hydropathy, and of the injurious influence such an article is likely to produce on the minds of the ignorant, among whom it has been extensively circulated.

"The class of cases in which the use of alcoholic stimulants is most commonly, and in our opinion most perniciously, recommended by practitioners of medicine, is that in which there is chronic disorder of the digestive apparatus with its multiform consequences. This disorder, in at least nine cases out of ten, has its origin in inattention to the laws of health, as regards diet, regimen, exercise, physical, or mental exertion, and the like ; and we cannot reasonably look for its cure by the use of stimulants ; for the action of these, in such states of the system, is precisely like the application of the whip or spur to the horse already tired, which produces a temporary improvement in his pace, and prompts him to get through his work the quicker, but which leaves him, when he has done it, more fatigued than if he had taken his own time. We do not in the least deny that by men who are undergoing the excessive 'wear and tear' of incessant and anxious mental exertion, the work is accomplished with more feeling of ease at the time, and even with less immediately consequent fatigue, when alcoholic stimulants are moderately employed. And upon such a system we find men going on month after month, and even year after year, without any obvious injury. But the time almost inevitably comes, when the overtaken system gives way ; and long and difficult is then the process of restoration from its disordered state, as every medical man well knows. Now we are confident that when the exertion of the nervous system is greater than can be borne without the assistance of alcohol, provided due attention be given to diet, fresh air, out-door exercise, and sleep, the excess produces a positive injury, which is sure to manifest itself at some time or other ; the use of alcohol only warding it off for a time, and preventing it from being at once felt. It is in renovating the system after such a course of long-continued ill-treatment, that we regard the hydropathic treatment as peculiarly effectual. We may keep our patient in town at his usual occupations, practise all kinds of experiments upon his stomach, recommend fat bacon or lean chops, prescribe blue-pill and senna-draught, or quinine and calumbo, and ring the changes upon all the wines and malt liquors which the cellar can furnish, in search of

one that shall be free from directly injurious consequences ; but we shall not effect a twentieth part of the benefit which our patient will derive from giving himself a complete holiday, betaking himself to some agreeable spot where there is sufficient to interest him, but nothing to excite ; promoting a copious action of the skin by exercise, sweating and free ablution ; washing out his inside with occasional (but not excessive) draughts of cold water, and trusting to the natural call of appetite alone, in preference to artificial provocatives. Let those who decry hydropathy witness the results of this method, as we have done in but a few cases, and they *must* come to the conclusion, unless blinded by prejudice or interest, that water is better than wine, and that a hearty miscellaneous meal, swallowed with a vigorous natural appetite, is more invigorating than the carefully-selected and delicately-prepared viands to which the dyspeptic subject is compelled to restrict himself, and which he can only digest with the aid of a glass of sherry, or a tumbler of bitter-ale."

ON EXCISION OF THE ENLARGED TONSIL, AND ITS CONSEQUENCES IN CASES OF DEAFNESS ; WITH REMARKS ON THE DISEASES OF THE THROAT. BY WILLIAM HARVEY, Surgeon to the Royal Dispensary for Diseases of the Ear. London : Renshaw. 8vo. with plates, pp. 121.

The sum and substance of this book may be comprised in a short space. The author, in 1848, had performed excision of the tonsils in fifteen cases, and he afterwards collected 116 cases in which the operation had been practised ; he concludes that excision exercises no beneficial influence whatever over the imperfections of hearing, but that great mischief often results from it. He adduces what he calls a comprehensive line of treatment for these affections, in connection with numerous cases which have come under his care. The anatomy of the tonsils and fauces is glanced at ; two engravings embellish the volume, which have more resemblance to the shaft of a coal mine, than to the mouth of the human subject. But the author, we suppose, is not accountable for the faults of the artist.

That teeth, tonsils, uvulæ, and ears, have had all sorts of unjustifiable operations performed upon them, no one acquainted with the history of modern practice, can for a moment doubt ; and nature, if left to her own resources, would probably have effectually removed many of the evils which have been aggravated by artificial interference. All who have seen much of enlarged tonsils, know that they exist frequently without producing deafness : and on the other hand, partial deafness is often combined with these enlargements ; the lining membrane of the Eustachian tube probably being affected with a certain amount of congestion or thickening, (either temporary or permanent) and by this means the auditory apparatus is deranged.

But admitting that enlarged tonsils, alone, never give rise to deafness, does their excision really produce the frightful evils described by Mr. Harvey, lung affections, loss of voice, wry-faces, &c? We are bound to observe that many of the cases are very imperfectly recorded, and the exact condition of the patient is not given, previous to the operation : *e. g.* A professional singer had his tonsils removed (we suppose as a last resource), after the operation he could not resume his profession. But his age is not stated, and this is not an unfre-

quent omission. Again, a gentleman set. 27, bled so much during the operation, that he has ever since lost all complexion ; in other words he remains in an anæmic state. Some people get fat and florid after the loss of blood.

The author constantly speaks of the Eustachian tube, being open, and pervious, and in one instance he tells us the pharyngeal extremity was swollen. About the condition of this tube we confess our entire ignorance ; only having seen it in the dead body, and (perhaps luckily for our patients) never having attempted the exploring process. But we now come to the cream of the work ; the "comprehensive line of treatment," which turns out to be rather *meagre* : the author placing his chief reliance on colchicum and quinine. The former he also applies externally with *supposed* benefit. Steel, cod-liver oil, iodine paint, and change of air are not mentioned. We fancy the last remedies are the most important. We took up this work prejudiced in favour of the author's proposition, but he appears to us to have taken rather too much the part of the pleader. Professor Syme is an advocate for the excision of enlarged tonsils, and he speaks of the operation as instantaneous and almost bloodless ; other surgeons of good repute also practise it. We trust the appearance of Mr. Harvey's work will have the effect of eliciting much information on both sides of the question, and we believe that this is the author's chief motive for bringing the subject before the profession.

SCRAPS FROM OLD AUTHORS.

"As for the anonymous author that has so disingenuously labour'd to lessen apothecaries, they set so little by his mighty performance, that upon discovery of his name, they have only cut off the initial letter, and it's said, the best of them are so little averse to a fair accommodation with the College, that they would not be against a subordination, equally distant from vying with approv'd *able* physicians, and a too servile dependance on them."—*Pharmacopœia Lemeriana*, 1700.

"The Ffrench have a proverb, that the words ending in ique doe mock the physitian ; as paralytique, hectique, apoplectick, lethargick."—*Ward's Diary*. 1648.

"In King Richard the Second's time physitians and divines were not distinct professions ; for one Tydeman, Bishop of Landaph and Worcester, was physician to King Kichard the Second."—*Ibid*.

"Edmund, Earl of Derby, who dyed in Queen Elizabeth's days, was famous for chirurgerie, bonesetting and hospitalitie."—*Ibid*.

"In Ffrance a physitian is liable to excommunication, if hee thrice visit a patient without acquainting a priest for his soul's health."—*Ib*.

"Some will in the small-pox let blood, and bee very busie, especially before they come out, thinking either to hinder fermentation, or diminish the morbifick matter ; but I daily see itt is with ill success ; nature is disturbd and debilitated in itt's operations, and the patient dying, as is easily observd in rich persons, who are much tamperd with by clysters and other of the physician's conceits."—*Ibid*.

The Registrar General's Reports from Sept. 28th. to Dec. 28th. (continued from page 216 of this Journal.) The weekly mortality in London during the period alluded to above, was 893, 839, 860, 845, 945, 921, 908, 1,010, 861, 1,004, 1,090, 1,166, 1,196, being 334 less than in the corresponding quarter of last year. We find that the London mortality in 1849, (when cholera prevailed) was greater by 11,721 than in 1850. We select the most remarkable cases. A child, *æt.* 8 months, died of *anæmia*, following hæmorrhage, from lancing the gums.—Vaccination produced fatal erysipelas in a child.—Two persons are reported to have died of *tic douloureux*.—An opium eater, *æt.* 62, of gastro-enteritis.—A boy, *æt.* 14, from bronchocele; the trachea flattened by the pressure of the gland.—A pregnant woman, *æt.* 18, poisoned by eating muscles; insensibility, artificial delivery of a living child.—A clerk, *æt.* 18, died of variola; he is supposed to have taken the disease when riding in an *omnibus* with a female who had been attending the funeral of two children who had died of small-pox.

PASS LISTS OF THE LONDON EXAMINING BOARDS, FOR 1850,

WITH THE MONEY RECEIVED, EXCLUSIVE OF STAMP DUTY.

University of London.—M.B. second examination.—Bristowe. Fillette. Grouse. Heale. Hewitt. Jones. Lewis. Manley. Robertson. Salter. Shearman. Thornton. M.D.—Ayre. Baina. Barron. Birkett. Carill. Eada. Edwards. Elam. Heale. Monckton. Ranson. Sankey. Wilks.

Number admitted, 1850 : 48. Money received £305, exclusive of matriculation fees.

College of Physicians.—September and December. Ancram. Frepanges. Kirkes. Ogle. Roberts. Stevenson. Tanner.—*Licentiates*. Brett. Bullock. Hogan. North. Sullivan.—*Extra Licentiates*.

Total for 1850 : 16 *Licentiates*. 5 *Extra Licentiates*. Money received, 1850, about £769 12s.

Apothecaries Company.—Andrews. Beane. Barry. Bassett. Beaumont. Beckett. Bolton. Browne. Brady. Clubbe. Day. Darwen. Dunn. Draper. Fleming. French. Garman. Gillibrand. Gwyn. Hartley. Hewett. Hammond. Jeken. Jerwood. Kidd. Hewitt. Hurst. Hutchinson. Manley. Moore. Morris. Morton. Pemel. Penfold. Pullin. Peance. Settle. Sheppard. Sykes. Stoate. Sutherland. Thompson. Willis. Warrilow. Wood, N. C. Wood, N. S.

Number admitted in 1850 : 258. Money received, about £1,999 12s.

College of Surgeons.—Aldred. Baker. Batty. Bevan. Bolton. Brady. Booth. Browne. Brown. Brettingham. Bywater. Blomfield. Bindloss. Carson. Craven. Day. Dickson. Earle. Fletcher. Gordon. Galland. Harley. Henson. Haig. Horton. Hampson. Hudson, E. Hudson, F. Hammond. Hogg. Heron. Holland. Jones, J. Jones, N. King. Lang. Lewis. Lacey. Lawrence. Langham. Lowe. Maund. Meane. McCarthy. Neate. Nicholson. Osborn. Pagett. Plumtree. Ringland. Robinson, F. Robinson, A. Rygate. Roberts. Simpson, E. Simpson, G. Sidley. Sproule. Sutcliffe. Thompson. Tussac. Walker. Wall. Webster. Weaver. Wood. Wilson. Whitchurch. Washbourne. Wright.

Number admitted in 1850 : 371. Money received, £7,420.

Fellows.—1850. April. 8. August. 1. December. 3. Total 12. Money received, £126.

Summary.—It will be perceived, that the College of Physicians is not in a very flourishing condition; and the receipts of the College of Surgeons, in 1843, for diplomas, amounted to £14,093 11s., nearly double the present income.

The names are taken from the published lists, but we cannot vouch for their *entire* accuracy.

END OF VOL. I.

